Exact statement of OCCUPA. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. AGE should be mation should be carefully supplied.

should state

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(124)
County Dulthuroil	Registration Dist. No. 2
Village or City Soveous	No. Law Pearse Good St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
2. FULL NAME Samuel Elam allu	
(a) Residence: No. San Dearl Koad (Usual place of abode)	St., Ward. Jawson, Md. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kathernel Segrid alway	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Nov. 13 1818 8	I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
44 6 25 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER. Marvul, Euganeer SAWYER, BOOKKEPER, etc.	Lucide
Kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation with the second in this country and the second in this.	(Algustide Poisonno)
work was done, as SILK MILL, SAW MILL, BANK, etc	College Predicting)
10. Date deceased last worked at this occupation (months and year) year) 11. Total time (years) spent in this occupation occupation.	
12. BIRTHPLACE (city or town) - Rhode Island (State or country)	Other Contributory Causes of importance:
# 13. NAME / tromas Delans almy	
14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Julia May Luce 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill In also the following:
O 16. BIRTHPLACE (city or town) / (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Ratherise Segue almy (Address) San Pearle Road of owner, ged	Where dld injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Loudon and Date Jule 21, 1983	Nature of injury
19. UNDERTAKER AT LO OF R (Address) 121 st fairly 16.	24. Was disease or injury In any way related to occupation of deceased?
20. FILED paul J. 6 , 19 33 Win / Butter Registrar.	(Signed) W. F. Futter (Coroner) M. D. (Address) Sourcon, Med.
If more blanks are needed, dddress State Registrar, 2	2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related ca of importance were as follows:	uses Dite of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	A P 1921	Run over by street car	1 week ago
Cerebral hemorrhage	Fuy 1927	Peritonitis	3 days ago
18	6		
Other contributory causes of importance	1 20	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

TION is very important. See instructions on back of certificate.

of OCCUPA-

1. PLACE OF DEATH	95-2
County Baltimore	Registration Dist. No.
Village or City Observer Point	No. 7/8 F St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Margaret Many D.	arned
(a) Residence: No. // / (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
to enale White OR DIVORCED (write the word)	Jame 29 1933
ia. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of John J. Barnes	22. I HEREBY CERTIFY, That I attended deceased from
B. DATE OF BIRTH (month, day, and year) Jan 13 1877	I last saw h alive on, 19; death is said
. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12.55 m.
36 5 16 lay,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Honsework SAWYER, BOOKKEEPER, etc.	aculs Delidation Hauit Budh
kind of work done, as SPINNER, American SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at his occuration (months and	
10. Date deceased last worked at this occupation (month and spant in this occupation	
2. BIRTHPLACE (city or town) Havre de grace	Other Contributory Causes of Importance:
(State or country)	
13. NAME Alleans & Whetney 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) Carracla	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME des als E. Herward	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME das als E. Harward 16. BIRTHPLACE (city or town). Harford Co (State or country)	Accident, suicide, or homicide?
Tel O. I A B.	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT 4 90mm & Sames (Address) 7/8 F of	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	
Place Place Date July 2 1933	Manner of injury
Harrie de Statement	Nature of injury
19. UNDERTAKER John + Denny (Address) 715 Light St	24. Was disease or injury in any way related to occupation of deceased?
(In 2 Silmot	If so, specify (Signed) All My Luchstan Grows
20. Flysum 30, 1977 M. Hulling as Ch. Registrar.	(Address) 1022 Hat sporons Orant
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting 9) S. No.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorthage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH 05838
1. PLACE OF DEATH	45)
County	Registration Dist. No.
Village or Civil and awaren	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city flown where death occurred. 5 yrs	
2. FULL NAME //illiam & D	artram
(a) Residence: No. 70	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) White Or vive	21. DATE OF DEATH (Worth) (Day) 1937 (Yeer)
5a. If married, widowed, or divorced HUSBAND of	
(OT) WIFE OF China Darban	22. NOV— 1932, to June 27 1933
DATE OF BIRTH (month, day, end yeer)	I last saw h alive on Jule 27, 19.33; death is sai
7. AGE Years Months Days If LESS than	to have occurred on the date state ebove, atm.
about 72 ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
SAWYER, BODKKEEPER, etc.	Caron om a of
work was done, as SILK MILL.	Ognaryng
SAW MILL, BANK, etc 10. Date deceased lest worked et this occupation (month end year) year)	
N	Other Contributory Causes of importance:
12. BIRTHPLACE (oity or town) (State or country)	Golfanton
13. NAME John Bartran	- Xnaws ve
110000	Course partly removed Man
14. BIRTYPLACE (city or town)	Name of operation and services of the services
15. MATDEN NAME Inscran	What test confirmed diagnosis? Was there en eutopsy?
	23. If deeth was due to external ceuses (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town)	Where did injury occur?
17. INFORMANT Of Hogartian	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18, BURIAL, CREMATION, OR REMOVAL	Manage of Jajury
Place Conshockey Pa Date June 29, 1933	Manner of Injury
19. UNDERTAKER John C. Miller	24. Was disease or indry in any way related to occupation of deceased?
20. FXED. June 28, 1935 9 . HUltomick by	(Signed) (Si
Registrar. If more blanks are needed, address State Registrar,	2412 N. Charles Street, Baltimore, Redesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	the state of the s	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU	- 3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

County	Daellen	a a you		Registration Dist. N	0. 3 3
Village or Ci	ty I Kasole,	scane		No. If death occurred in a hospital or institution, give its NAME instead	St., Wa
Length of resid	dence in city or town where	e death occurred	yrsmo	osds. How long in U.S. if of foreign birth?y	
2. FULL NAM	ME One	ealun	r ber	Dollinger	
(a) Residence	ce: No.	(Usual place	of abode)	St., Ward. If nonresident give city	y or town and State
PERSON	AL AND STATIS	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF	
3. SEX	4. COLOR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH June	194 ,1933
5a. If merried, widowe HUSBANO of	ed, or divorced				day) (Year)
(or) WIFE of				22. I HEREBY CERTIFY, Tha	
6. DATE OF BIRTH (month, dey, and year)	Boon al	ead	1 last saw h alive on	
7. AGE Year	s Months	Oays	If LESS than I day,hrs	to have occurred on the dete steted above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of improve as follows:	portanco
8. Trade, profess	sion, or particular ork done, as SPINNER, BOOKKEEPER, etc				Oate of or
	BOOKKEEPER, etc usiness in which done, as SILK MILL,			Vonescelein but	۷
SAW MILL	L, BANK, etc.				
- I ma occup	d last worked at ation (month end	spe	ime (years) nt in this upation		
12. BIRTHPLACE (city	y or town) Zec	1		Other Contributory Causes of importance:	
1	Janes (3011.	41		
	(city or town) The	201-		Name of operation	
(State a)	country)			What test confirmed diagnosis?	
15. MAIDEN NAM	NE trand	Joan		23. If death wes due to external causes (VIOLENCE) fill in also	
16. BIRTHPLACE	(city or town)			Accident, suicide, or homicide? Date of I Where did injury occur?	njury, 19
17. INFORMANT			• • • • • • • • • • • • • • • • • • • •	(Specify city or town, or Specify whether injury occurred in INOUSTRY, in HOME, or i	ounty and State) in PUBLIC PLACE.
18. BURIAL, CREMATI	ON, OR REMOVAL			Menner of injury	
Place		Date	, 19	Nature of injury	
19. UNOERTAKER	rance		*****************	24. Was disease or injury in any way related to occupation of	deceased?
(11001033)					

STATE OF MARYLAND—CERTIFICATE OF DEATH 05837

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soan factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ALA MANA	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemarrhage	July 5, 1927	Peritonitis	3 days ago
2007 6 1111			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH	05838
7 :	STATE OF MARYLAND
County Baltimare, md	CERTIFICATE OF DEATH
7	Registration Dist. No. 08
Village or City (No MA (No Br	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, Child MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH / 0 , 1923 3 (Month) (Day) (Year)
6 DATE OF BIRTH 3 6 , 1932 (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from 1923 3. to 10, 1923, that I last saw h in alive on 1923,
7 AGE	and that death occurred on the date stated above, at 2 , m. The CAUSE OF DEATH * was as follows: THE THE CAUSE OF DEATH A BROWLE C.
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. 4 ds.
9 BIRTHPLACE (State or country) Towson Md	Contributory Secondary (Duration)
10 NAME OF FATHER QUAM, Brisco	(Signed). Wither M. D.
OF FATHER Z (State or country)	*State the Lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Juguna Bolling 13 BIRTHPLACE	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) At place In the
OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of deathyrsmos,ds, Stateyrsmosds. Where was disease contracted, it not at place of death?
(Informant) Turginia Brisa	Former or usual residence
(Address) N. Towson	Pleason REST CEM. Tory on 6-12. 1933
15 Filedme 12 183 Am P. Butter Registras	Byont mamie 25 25 mg ht 218 me & latery St
If more blanks are needed, address ttate Negistran	, 16 W. Saratoga St., Balto., Requesting V. S. Ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, (b) Cotton mill; (a) nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g.. Farmer or Planter, tion applies to e:ch and every person, irrespective cf Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, en at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (re-," etc., report specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material Salesman. (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise_se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosinal menin_itis"); Diphtheria (avoid use of "Croup"); I Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,");

atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease st_ted unless important. American Medical Association.) and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal condi-tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved (Recommendations on statement of cause of death letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., scpsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely taken. For VIOLENT DEATHS state MEANS OF INJU.; Y State cause for which surgical operation was under-Whooping cough; carbolic acid—probably suicide. The n_ture of the injury, Examples: Accidental drowning; Struck by railway train (secondar) by Committee on Nomenclature of the or intercurrent) affection need not be ss important. Example: Measles (disease Chronic etc. valvular heart disease; The contributory Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

-Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of pertificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A N. B.

BINDING

MARGIN RESERVED FOR

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Baltimore	CERTIFICATE OF DEATH
	Registration Dist. No. 38
	Mard) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINCLE, MARRIED, WIDOWED, OR JONES (Write the word) 6 DATE OF BIRTH Daniel 6, 1846	16 DATE OF DEATH (Month) 27 (Day) 1933 (Year) 17 I HEREBY CERTIFY, That I attended the deceased from 25, 1923 to 1923.
(Month) (Day) (Year)	that I last saw h and alive on the 21, 1923,
7 AGE If LESS than I day 15 hrs. or 15 min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	6 hronic Mephritis (Duration) Lyrs. Toos T. ds.
9 BIRTHPLACE (State or country) Maryland:	Contributory Secondary (Duration)yrsmosds.
10 NAME OF FATHER John Growley	(Signed) M. D. 6-27 1983. (Address) 6014 york Road
OF FATHER (State or country) Longland	*State the Disease Causing Death or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER be oftained	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Ireland	At place of death
(Informant) wes . W. y. M. Moulton,	Former or usual residence
(Address) 5'/6 - anne Sie Road, anne	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL WALL & Prin Lewstery, June 29, 7933
15 Filed June 28 1983 Mu P. Buller Registrar	Lewingtonson Haddreenud
If more bianks are needed, address State Registrat	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed. worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stotionary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, Foreman, applies to each and every person, irrespective of For many occupations a single word or term on or At Home, and children, not gainfully Form laborer, Laborerwithout more precise specification as Doy Cotton For persons who have no occupation (b) Automobile factory. The material mill; (o) Salesmon. (b) -Coal mine, etc. Wom-Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the present to time and causation), using always the same accepted term for the same disease. Examples: Cerebraspinal fever (the only definite synonym is "Epidemic cerebraspinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Corcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicacomia," "PUERPERAL peritoritis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease "Exhaustion," "Debility" causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." State cause for which surgical operation was underapproved as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY by Committee on Nomenclature of the cough; ("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Haemorrhage, Chronic etc. The contributory volvular heart

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

8

1. PLACE OF DEATH County Balto	Registration Dist. No. 4 4
Village or City Cessey (1	NOSt.,Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
211	s
	sceme
(a) Residence: No. 1130 Kow Sh, (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE S. SINGLE, MARRED, WIDOWED. OR DIVORCED (waste the word) Surge	21. DATE OF DEATH Sure // The (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, end year) Cury 6 - 1913	I last saw h; death is said
7. AGE Yeers Months Days tf LESS than 1 dey, hrs.	to have occurred on the date stated obove, at
0 J ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
	accidental leowning
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Porte	
11. Total time (years)	-
O this occupation (month and spant in this occupation occupation	
Balto	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	-
13. NAME (annello Susceme) 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Neme of operation Oete of
(State of country)	What test confirmed diagnosis? Was there an autopsy? "Mean autopsy?"
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Many Bucheri	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Carmello Blysseme (Address) 1/30 Low St.	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Holy Redeemer Date June 19, 19 33	Nature of Injury
19. UNDERTAKER Leage J. Ruth Fre. (Addiess) 173 5 April Gra.	24. Was disease or injury In ony way releted to occupation of deceased?
20. FILEO Jame 11, 1933 John B. Connelly	(Signed) acob Sallman Coroner M. B.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitud nephritis	1921	Run over by street car	i week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance		Other contributory causes of importance:	-1.
Gallstones	May 1,1923	Gastroenteritis	1 year
12			
			1

1.	100		A	1	
U	C	8	4	1	

1. PLACE OF DEATH			20)
County Baltimore			Registration Dist. No. 40
Village or City Note &	//		ND. St., Ward feeth occurred in a horpital or institution, give its NAME instead of street and number)
		4	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME ST. Mazy			
(a) Residence: No. Yitta Ma	(Usual place of	h Criff of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Temale White		RIED, WIDOWED,) (write the word) 71 GPe	21. DATE OF DEATH JUTE
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	UP4 20-	1904	I last saw h_CZelive on May 31, 19.3.3 ; death is said
7. AGE Years Months 28 10	Deys	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, et. 1. 4.5. Am. The PRINCIPAL CAUSE OF DEATH end related causes of importence
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	Teache		Date of onset - wore as rollows. (Pullumary) 29
10. Data deceased last worked et this occupation (month and year)		me (years) It in this pation	
t2. BIRTHPLACE (city or town)	son, Ma	/	Other Cuntributury Causes of Importance:
13. NAME Edward	Caffaga:	73	
14. BIRTHPLACE (city or town)			Name of operation Date of Date of Date of Date of What test confirmed diagnosis? Positival Sputimes Was there an autopsy? M.D.
15. MAIOEN NAME Anna	Schaefe	7	23. If death was due to external causes (VIDLENCE) fill in elso the following:
15. MAIOEN NAME Anna 16. BIRTHPLACE (city or town)	ig Green.	Md	Accident, suicide, or homlcide?
17. INFORMANT S.Z. Mary Cf. (Address) Note		41.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Notes Calif	In Dete Du	~ / ,1933	Manner of injury
19. UNDERTAKER Janf	gay de	h	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED 6/4 ,133/WQ	honde	Registrar.	(Signed) Historian A.D. (Address) James and M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, unining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Ti I	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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RGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH U5842
1. PLACE OF DEATH	(J31)
· County Dellimore	Registration Dist. Np. 33
Village or City Keisterstown	ND. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME Sarah aun Cho	sul-
	Z St. Ward.
(Usual place of abode)	ff nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. CDLOR OR RACE 5. SINCLE, MARRIED, WIDOWED, OR DIVORCED (write the word) White	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed or divorced NUSBAND of Cor) WIFE of James Chaney	22. I HEREBY CERTIFY. That I attended deceased from 1935, to June 250, 1935
6. DATE OF BIRTH (month, day, and year) Nov. 44 /1852	Vlast saw h P alive on 2007 75 4 195 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date nated above, et
80 7 24 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importence were as follows:
R Trade profession or particular	Date of onset
SAWTER, DUDANEEPER, etc.	acuta Nil of Yeart Jun 27
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) Ochenton (State or country) & Manyland	Detroit Contributory Causes of importance:
Ξ	Neme of operation. Zarak Date of
14. BIRTHPLACE (city or town) Mich.	Neme of operation Date of Was there an autopsy?
15. MAIDEN NAME Sarah Shortt	23. If death was due to externel causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury
(State or country)	Where did injury occur?
17. INFORMANT (Chauce) (Address) Glyndon, Will.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVA	Manner of injury
Place Clabury Cumelungate July 1, 1933	Nature of injury
19. UNDERTAKER AM. Berryman & Sons (Address) Reistratour mid.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED June 79, 1933 ST SLAST Registrar.	(Signed) (Address) (Address) (Address) (Address)
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilensu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

A WANT PROPERTY AND A TO A W	OLAN A COLAN	W 0 W	WIND THE PROPERTY WITH	CHEST A COLUMN A STATE OF THE CO.	WAW T	TATESTOWN A	* 7
A INTERPRETATION A F	CID A C. D.	TOTAL DESIGNATION	THE RESERVE THE RESERVE TO A SECOND TO A S	STATEMENTS	HV	DHACHIA	- DAI
STRUCTURE	51 21 0 1	T. CAR	T. O IV I HILLION	DIAMETER AND A PROPERTY OF THE	17.1	I II I DIOIA	7.4

UNFADING INK-THIS IS A PERMANENT RECORD, Every item of infor-PHYSICIANS should state of OCCUPA-Exact statement mation should be carefully supplied. AGE should be stated EXACTLY. properly classified. See instructions on back of certificate CAUSE OF DEATH in plain terms, so that it may be B.—WRITE PLAINLY, WITH TION is very important

FOR BINDING

RGIN RESERVED

V. S. No. 1

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(183)
county Balto.	Registration Dist. No. 44
Village or City Bull rech	ND. Standburgs Cuelle St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth? yrsmos ds.
2. FULL NAME Patrick Chins	key
(a) Residence: No. 1321 n. Caroline	- St./ Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Alute 5. SINGLE, MARRIED, WIDOWED, OR-DIVORCED (garrie the word)	21. DATE OF DEATH June 19 5 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) march 17 - 1915	l last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
18 3 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of enset
8. Trade, profession, or particular kind of work done, as SPINNER,	
SAWYER, BOOKKEEPER, etc.	accedent Deman
work was dona, es SILK MILL, Pades Cofais	account morning
kind of work done, as SPINNER, Clectucian SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete deceesed lest worked et this occupation (month end spent in this	l'
year) occupation	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town) Salts.	Other Court Indiana Court of Importance.
(State or country) md.	
13. NAME Ses. Chinakey	
14. BIRTHPLACE (city or town)	Name of operation Date of
(otate or country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country)	23. If deeth was due to externel couses (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) I Churanea	Where did injury occur?
17. INFORMANT Frank S. tehnsky	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place I toty declumer Date June 22 , 1933	- Nature of injury
19. UNDERTAKER Chas, Kauchanskas	24. Wes disease or injury in any wey releted to occupation of deceesed?
20. FILED June 1919 33 John B. Grinelly Registrat	(Signed) Jacob Dallman Coroner M. D. (Address) Stermeners Run Md
If more blanks are needed, address State Rogistrar,	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH U5844

1	. PLAC	E OF D	EATH				3	4)				
	Count	yBalt	imore									
1	Village	e or City	Overlea			No	6804	Beech	Ave.		St.,	Ward
/	Length	of recidence	in city or town whare o	leath accurred 2	(If	death occurre	d in a hospi	in II S if of f	n, give its N	AME instead	of street and n	umber)
							non tong	0.0 011	oroign bitti		3	>
2			Jefferson									
	(a) R	esidence: N	o. 6804 B	Con Ave. (Usual place)	of abode)	St.,	wai	d	If nonresi	dent give city	or town and	State
2000	PER	SONAL	AND STATIST	CAL PARTI	CULARS		MED	ICAL CE	RTIFICA	TE OF	DEATH	
	SEX Male	4. C	OLOR OR RACE White		RfED, WIDOWED, O (write the word) Wed	21. DAT	E OF D	June	(Month)	11	, ay)	193_33
5a.	If married HUSBAN	, widowed, or			Complete							
	(or) WIF	E of Sc	ophie M. Co	burn		22. Wa					t I attended d	19_33
6	DATE OF F	URTH (month	, day, and year)	ctober 21	. 1862			aliva on			19 33	,
-	AGE	Years	Months	Days	If LESS than	to have occ	curred on th	e date stated	above, at	2:40p.m.		
		70	7	21	1 day,hrs.	The PRING	CFPAL CAUS	SE OF DEATH	and related	causas of imp	ortanca	Date of onset
Z	8. Trade, profession, or particular											D#10 01 011601
OCCUPATION	9. Indus	kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc. FOREMEN 9. Industry or business in which					ebro-	spinal	syphi	lis		1928
CUP	S.	ork was dona AW MILL, BA	, as SILK MILL, NK, etc	Paving Co) •							
0	th th	deceased last	(month and	sper	ma (years) nt in this							
-	ye ye	ear) Reti	red-4-years	0000	pation	Dther Con	tributory Ca	uses of Import	ancc:			
12.			own) Baltimo	re		Cardi	ac in	suffici	lency	(acute	dilata	
00	1	or country)	Md.	7. 1		-						June 10 1933
FATHER	13. NAME		Cornelia	is Coburn								
FAT		HPLACE (city State or count	or town)	aland							Date of	
2		EN NAME	***	Daughert							Vas thara an ai	
MOTHER					Υ						tha following:	
MO		PLACE (city State or count	or town)	reland				r?				
	INFOOMA	- 35 va c	. Henriette	Dreech					(Specify cit	y or town, con HOME, or i	unty and State	CF.
17.	Addre (Addre		6804 Beech									
			OR REMOVAL	Tarmo	1 1077	Manner of	injury					
_	11000		emetery	Date June	14.1599	Natura of i	injury					
H 19.	UNDERTA	SANDI	ER & SONS	.INC.	faulle.	24. Was dis	aasa or inju	ry in any way	related to o	ccupation of	deceased?	No
	(Addre		altimore	St. & B:	coadway	If so, spec	ify	1	1:11			
20.	FILED	6.1.13	,1933 9	U.Fr	Jum 9	(Signe	ed)	· a . /	cinson	uoce,		M. D.
	-			ing s	Registrar.	1	(Address)		5713 B	elair.	Rd	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

A- te	STATE OF MARYLAND-	CERTIFICATE OF DEATH 05845	
infor state UPA	1. PLACE OF DEATH	(33)	
of infe	County Baltimore	Registration Dist. No.	
item of should of OCC	Village or City Leun dalle	No. 27 Journship Road St., Ward death occurred in a hospital or institution, give is NAME instead of street and number)	
5 CO 44	Length of residence In city or town where death occurredyrs,mos	ds. How long In U.S. if of foreign birth?yrs,mos, ds.	
Every CIANS ement	2. FULL NAME alfred J. Cox,	Jr.	
D. SIC	(a) Residence: No. 24 Township Road	St., Ward.	
CORD. Every PHYSICIAN ct statement	(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	
X ag	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH ()	
NT I	male Alute OR DIVORCED (write Ma word)	Month (by) 193 (Year)	
NNE C T Sifie	5a. If married, widowed, or divorced HUSBAND of (or) WHFE OT Colorabeth Copy (Ball)	22. HEREBY CERTIEY. That I attanded deceased from	
BINDI EXA EXA y dass		Jan. 28 , 19 33 , to June 1 , 1933	
BI E E E Ily Wate.	6. DATE OF BIRTH (month, day, and year) march 5, 1897	Wast saw ham alive on the first seid	
FOR E Stated properly certificat	7. AGE Years Months Days If LESS than Iday, hrs.	to have occurred on the dete stated above, at	
FC IS sta sta pro pro	A 1012222	were as follows:	
ED HIS Pe	8. Treda, profession, or particular skind of work done; as SPINNER, Laborer SAWYER, BOOKKEPER, etc. Laborer	Ucute heilistis 6-15	
V HO VH	9. Industry or business in which work was done, as SILK MILL, Beth. Steel Co. SAW MILL, BANK, etc.	Coccoc Coperation of the Company of	
ERVENDE HOULD			
INK INK E sho at it is on b	this occupation (month and spent in this occupation		
REFIN REPRIEDING Phied. AGI	men zula	Other Contributory Causes of importance:	
d. so, so	12. BIRTHPLACE (city or town) (Stete er country) . Rever 2 yorlo	Lesticles in the Council 2-11.	
UNFA UNFA supplied n terms, ee instr	I 13. NAME alfred J. Cox	Jest comme	
H Ur supplied the supplied to	14. BIRTHPLACE (city or town) 18 gland	Name of operation	
0	(State of Country)	Whet test confirmed diegnosis? L& L. Was there an autopsy?	
WITI efully in pla	15. MAIDEN NAME (Lignes Duffy) 16. BIRTHPLACE (city or town) (State or country)	23. If death was dua to externef ceusas (VIOL ENCE) fill in also the following:	
	[16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide? Date of Injury19	
AINLY, d be cal DEATH y import	CO O'	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
A B G V	17. INFORMANT Mus. Color Color (Address) 27 Township Ad, Indeeded		
ITE PLA on should SE OF DI	18. BURIAL, CREMATION OR REMOVAL	Manner of injury	
	Plece Lackwood Date June 9 , 19.33	Neture of injury	
WRITH mation SCAUSE TION is	19, UNDERTAKER Alm & Connelly	24. Was disease or injury in any way related to occupation of deceased?	
TO I	(Addrass) Egg and	If so, specify	
× × × × ×	20. FILED (9/9/5 3. 16 / Milloanne	(Signed) Completell M. D. (Address) Drug A of M. M.	
	If more blanks are needed, address State Registrar.	2411 N. Charles Street Baltimore Requesting TV S. No. 1	

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	- July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND-	-CERTIFICATE OF DEATH (15)	50.5
1. PLACE OF DEATH	93-0	1
County Baltimore	Registration Dist. No. 3	
Village or City Reisterstown Road at Rose	Hill _{No}	Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and r	number)
Length of residence in city or town where death occurredyrs,m	osyrsmo)sds.
2. FULL NAME Valentine W. Cross		
(a) Residence: Np. Reisterstown, Md. (Usual place of abode)	St., Ward. If nonresident give city or town and	0
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Male White OR DIVORCED (write the word)		, 193
5a. If married, widowed, or divorced	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of Jennie Cross	22. HEREBY CERTIFY. That I attended for several yerars to June 29	deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years 74 10 Days If LESS than 1 day,hrs ormin.	to have occurred on the date stated above, at 9 Pm.	; death is said
8. Trade, profession, or particular	Coronary Thrombosis	Sudden
kind of work done, as SPINNER, Retired farmer. SAWYER, BOOKKEEPER, etc Retired farmer.	(Died suddenly at Rose Hill on	
9. Tridustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	the way home from my office)	
o. Trade, profession, or particular kind of work done, as SPINNER, Retired farmer. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month affink nuwn year) 11. Total time (years) spent in this occupation.		
12. BIRTHPLACE (city or town) Maryland. (State or country)	Other Coatributory Causes of importance: Myocarditis	For
13. NAME Zedekiah Cross		severa
Manyland	A.V	years.
(State or country)	Name of operation None Date of Date of	Ma
15. MAIDEN NAME Elizabeth Carr	What test confirmed diagnosis? Clinical Was there an a	
16. BIRTHPLACE (city or town) Maryland. (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of injury	
17. INFORMANT Jennie Cross (Address) Reisterstown, Md.	Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	S) NCE.
18. BURIAL, GREMATION, OR REMOVAL Cherge Tember 19	Manner of injury	
19. UNDERTAKER Franch H. Newell, Piknille	24. Was disease or injury in any way related to occupation of deceased? No	
20. FILED July 1 , 19.3.7 DO Mee Registrar.	(Signed) 6. C. MUNOS (Address) Puls vill My	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

1. PLACE OF DEATH

STATE OF MARYLAND-CERTIFICATE OF DEATH

7777777	(Month) (Day) (Year)
lian Davis	22. I HEREBY CERTIFY, That I attended deceased from
and yaar) March 30-1879	I lest saw h alive on, 19; deeth is said
Months Days If LESS than	to heve occurred on the date stated above, at . 9.150, m.
2 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importence were es follows:
cular SPINNER, Lather hich	Probably acute 6/28/3
K MILL,	andiad delatation
d at and 28 11. Totel time (years) spent in this occupation 40	
Some where	Other Contributory Causes of importance;
E no Mecoral	
)	Nama of operation Dete of
e Person	What test confirmed diagnosis? Wes there an eulopsy?
we no record	23. If death wes due to extarnal couses (VIOLENCE) fill in also the following:
)	Accident, suicide, or homicide? Date of Injury, 19
	Whare did injury occur?
à ave Carnell	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME; or In PUBLIC PLACE.
Cineter Date July 1st 1973	Menner of injury Comments of grant of
ch Lab salar Jone	24. Was diseasa or injury in any way related to occupation of dacassad?
Belais oftad	If so, specify
33 Dr. Walter Hamme T	(Signed) Q. W. Dacou M.D.
Registrar.	(Address) Justoville that
If more blanks are needed, address State Registrar, 2	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	11	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. 3.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	PLACE OF DEATH	STATE OF MARYLAND
	County / Saltimos	CERTIFICATE OF DEATH Registration Dist. No.
	Village or City/Ost /Journe. 2FULL NAME Victor Llomb	St.: Ward) St.: Ward) a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE MARRIED, MIGLE WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
	Mary 15 , 1896 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 , 192
	7 AGE 3 yrs. mos. 26 ds. or min.?	and that death occurred on the date stoted above, at
0	(a) Trade, profession or particular kind of work (b) General nature of industry	Lemmeling
	business, or establishment in which employed or (employer) How Howard 9 BIRTHPLACE (State or country)	Contributory Secondary
	10 NAME OF FATHER CINCLENSION	(Signey hours & Brancom M. D.
	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in North Trom Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER 13 BIRTHPLACE OF MOTHER UNDERWOOD 13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Transients or Recent Residents) At place of death yrs mos. ds.
	(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not et plece of death?
	(Informant) & a hortrand Cyl 12	Forms or residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL
	15 Filed Me / 2 19233. G. FARTAMILE (Sun BERTANER LEVINSON BU Baltu (
	If more branks are needed, address State Registrate	r, 16 W. Saratoga St., Belto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Spinner, nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Luy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Furmer (reor given up on account of the DISEASE CAUSING DEATH, Housenaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servani, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Foreman, (b) Automobile factory. The For many occupations a single word or term on yrs). For persons who have no occupation (b) Cotton mill; (a) Salesman. (b) Grocery, without more precise specification as Day Stationary fireman, etc. But in many As examples: (a) material

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid ingcs, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, Whooping approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injury State cause for which surgical operation was under-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, cough; Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU

05849

1. PLACE OF DEATH	
County Dalfumors	Registration Dist. No.
Village or City Rosemont	Ne Anna pales / Sals Ward
Length of residence in city or town where death occurred	f death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME LOUIS MORSON	20
(a) Residence: No. Anna suite Pol	St. Ward Rasemont
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX. 4. COLOR OR RACE OR DWORCED (write the word)	21. DATE OF DEATH (Minth) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (er) WHE of USBAND OF US	22. I HEREBY CERTIFY That I attended deceased from 193 to 193; death Is seid to have occurred on the date steted above, at 145 fm. The PRINCIPAL CAUSE OF DEATH and related causes of importence were 3 follows: Date of onset Ditter Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town)	(Pellulitis)
14. BIRTHPLACE (city or town) Garmany	Name of operation
15. MAIDEN NAME/VI/halmina Rade/ 16. BIRTHPLACE (city or town) (State or gountry) 17. INFORMANT LLCY Butting Horsam (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place oudou Park Date June 34, 19.33	Manner of injury
19. UNDERTAKER Wru Cook (Addyss) /2/7 St. Paul St. 20. FILED June 1, 19.3 Lefffleffer Registrar.	24. Was disease or injury in eny way related to occupation of deceased? If so, specify (Signed) (Address) Linthicum (Seguity) (Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BD 8 1833			
Other contributory causes of importance.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			de la

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of OCCUPA.

I. PLACE OF DEATH		(95%)
County Baltimore		Registration Dist. No. 44
Village or City middle		No. Edenages Road St., Ward fdeath occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where dea	. / .	s. ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Henry	Maager	
(a) Residence: No. Ce belin	exer Road	St., Ward.
	(Usual place of abode)	If nonresident give eity or town and State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5 Male shute	OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If married, widowed, or divorced . HUSBAND of elizabeth	Eurice	22. HEREBY CERTIFY, That I attended decaased from
6. DATE OF BIRTH (month, day, and year)	hy 9-1874	1929, to Jule 12, 1933 Nast saw histor aliva on July 12, 1933; daath Is said
7. AGE Years Months	Days If LESS than	to hava occurrad on tha date states above, atm.
58 11	3 l day,hrs.	ware follows or DEATH and telegred causas of importance
8. Trado, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	armer	erebral Tumberhage Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. SAWWEL, BOOKKEEPER, etc. SAWMILL, BANK, atc. DO Dato decaased last worked at this securation (month and		
10. Dato decaased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Bal		Other Contributory Causes of Importance:
	Raayes	- Digen heart disease
13. NAME Norman 6		Name of operation Date of
(State or country)	anyland	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Theresa	Poster	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Therega 16. BIRTHPLACE (city or town)		Accidant, suicide, or homicide? Date of injury, 19
E (State or country)	yland	Where did injury occur?
17. INFORMANT mus. Eelizah (Address) midd	the Riveryes	(Specify city or town, county and State) Specify whathar Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer	Date June 15 , 19 53	Manner of injury
19. UNDERTAKER John S. &	melly	24. Was disease or injury in any way ralated to occupation of daceasad?
20. FILED June +5 , 1935 John	S. Commelly	Signed) A Carry A Coll M. E.
f 15	Registrar.	(Addrass) (Add Add - Addrass) Addrass Addr
If more via	inno are necaca, aguress smile Registrar	, 2411 IV. Unatics Street, Dalimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ogo	
Cerebrol hemorrhoge	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenterilis	1 year	

劳	ECORD. Every item of infor-	PHYSICIANS should state	xact statement of OCCUPA-	
FOR BINDING	IS A PERMANENT R	stated EXACTLY.	properly classified. Ex	certificate.
ARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
V. S. No.	N. B.—WRITE PLAINLY,	mation should be care	CAUSE OF DEATH in	TION is very importa-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3)
County Ballimore	Registration Dist. No. 37
Village or City Dex as	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S.if of foreign birth?yrsmosds.
2. FULL NAME JOINE LONGher	
(a) Residence: No. Text of Mark	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5al If marriad, widowed, or divorced HUSBAND of (or) WIFE of William Deacher	22. I HEREBY CERTIFY. That I attended daceasad from
6. DATE OF BIRTH (month, day, and year)	1 isst saw h_ lereliva on_ June 26., 19.33; deeth is said
7. AGE Yaars Months Deys If LESS than	to have occurred on the date stated abova, at f.O.D.m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPPER, atc.	Classic Nelstanta 740
A Notes and the second of the	A
SAW MILL, BANK, etc	Humphleyta 10da
this occupation (month and spent in this occupation occupation	7
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
13. NAME UNKNOWN	
14. BIRTHPLACE (city or town)	Name of operation
(Stata of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Class House Regnel	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, GREMATION, OR REMOVAL Place Set May & Course & Date June 18th , 1933	Mannar of injury
19. UNDERTAKER W C Growks Wild	24. Was diseasa or injury in any wey ralated to occupation of deceased?
20. FILED Signe 27 A., 1927 Millian of Chafester. Registrar.	(Signad) 3 13 13 1 1 1 M. D. (Address) Evely Sully M. D.
If more blanks are needed address State Perioder	N. Charles Street Belginson Promotion 61 C No.

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Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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n terms so that it may be properly blassifled. See Instructions on back of certificate. should be stated EXACTLY, PERMANE V ACE S UNFADING INK---THIS carefully supplied MARGIN RESERVED OF DEATH in plain Every item of information sho CIANS should state OAUSE OF statement of OCCUPATION is

very important.

PLACE OF DEATH	STATE OF MARYLAND
Pa Ob Me.	CERTIFICATE OF DEATH
County Jackson	Registration Dist. No. 43
Village or City Fullerton (No. 45	Released Hate. Ward) Are bury. (If death occurred in a hospital or institution, give its NAME instead of street and aumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewale Color or RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year) 12. I HEREBY CERTIFY, That Lattended the deceased from
6 DATE OF BIRTH	January 10,31, 10 June 25 ,133.
(Month) (Day), 1.883.	that I last saw h Malive on
7 AGE If LESS than	The CAUSE OF DEATH & was as follows:
50 yrs. l mos. 29 ds or min. ?	Carcusia of Breast
(a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in which employed or (employer).	(Duration) Vyrs. O mos. f. ds.
9 BIRTHPLACE (State or country) Warylaud	Contributory Secondary (Dujetion)
10 NAME OF FATHER WILLIA Drebuig	(Signed) M. D. *State the Disease Causing Death, or, in leaths from Violent Causes, state (1) Means of Injury: and (2) whether
OF FATTER (State or country) Wary Carlot 2 MAIDEN NAME Sarah wurrang	Accidental, Suicidal or Homicidal. IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs. mos. da. State, yrs. mos. da. Where was disease contracted,
(Information The Best of MY KNOWLINGE	if not at place of death? Former or usual residence
(Address) Af 5 Fullviton flught	Parkword Jun 28, 10 30
50 1/1/ 1033 / (1. t. t. ml)	20 UNDERTAKER ADDRESS

Reglatrar

wore blanks are needed, address State Registrar, 16 W. Saratoga St., Palts., Requestive V. S No. 1

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Day spinner, (b) Conton-mitty-(g) Salesman, (b) Greecey; (a) Foreman, (b) Automobile factory. The material Never return "Laborer," "Foreman." "Manager." "Dealshould be used only when needed. a !ditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the but hers that fact may be indicated thus: Farmer (re state occupation at beginning of illness. If retired from or given at on account of the disease causing deate, gaged in domestic service for wages, as Screent, Cook, to report specifically the occupations of persons ployed, as At school or At home. Cure should be taken definite salary), may be entered as Housewife. Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the laborer, Farm laborer, Laborerworked on may form part of the second statement nature of the business or industry, and therefore an Civil engineer. Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Furmer or Planter. fulless of various pursuits can be known. The quescupation is very important, so that the relative health Housemaid, etc. If the occupation has been changed latevel: write None. ed 6 grs.). For persons who have no occupation Statement of Occupation Precise statement of oe applies to each and every person, irrespective of For many occupations a single word or term on 01' 11 especially in industrial employments, it is neces-Home, and children, not gainfully em--Coal mine, etc. Wom-As examples: (a) duties of the en-

EASE CAULTE DEATH (the primary affection with respect to time and can ation), using always the same accepted term for the same disease. Examples: Corobrospinal fever (the only definite synonym is "Epidemic corebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid phoumenia"); Lobar pheumonia, Bronchopneumonia ("Pneumonia,"

the certificate is permanently filed.

tions answered in detail, it will prevent further correspond-

All the data is essential and must be obtained before

quences (e. g., sepsis, tetanus) may be stated under the Poisoned by carbolic acid—probably suicide. The nahead ary), 10 ds. Never report mere symptoms or terminal ment of eause of death approved by Committee on Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely discuses resulting from childbirth or miscarriage as "Dropsy." "Exhaustion." "Heart failure." "Haemor-rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatie), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" (merely causing death), 29 ds.; Bronchopneumonia nuges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and consetrain-uccident: Revolver wound of head-homicide; and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under-"Puerperal septicuemia." "Puerferal peritonitis," can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease vulsious." stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (secondary or intercurrent) affection need not be Whooping cough; If this certificate is looked over thoroughly and all ques-FOR VIOLENT DEATHS STATE MEANS OF INJURY "contributory." "Debility" ("Congenital," "Senile," etc.), Chronic valvular heart disease; (Recommendations on state-Example: Measles (disease (seeond--по),,

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	1			

FOR BINDING

RGIN RESERVED

1. PLACE OF DEATH		1004
County Ball	Registration Dist. No.	8
Village or City.	NoSt	Ward
Length of residence in city or town where death occurred / J vrs	If death occurred in a hospital or institution, give its NAME instead of street and	number)
	os. now long in U.S. if of foreign birth? yrs	nos,ds.
2. FULL NAME Degradige	(HONG) College	
(a) Residence: No. 45 and Care (Usual place of abode)	Ward. If nonresident give city or town an	J State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	d Date
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	, 193.3
Se. If married, widowed, or diversed	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of Jalon Eslenger	22. I HEREBY CERTIFY, That I attended	
A grand of or	1930, to June / 3	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the data state above, at 3.15 Pn.	3.; death is said
1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8. Trade, profession, or perticular	wera as follows:	Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	met last + chronic	Prior
9. Industry or business in which	myocarditis	1930
work was done, as SILK MILL, SAW MILL, BANK, etc.	()	
- this occupation (mouth and spent in this		
year) occupation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country)	Cipoplexy	apr. 27/3
		7
	dedema of things	June 13/
(State or country)	Neme of operation Date of	· · · · · · · · · · · · · · · · · · ·
	Whet tast confirmed diagnosis? Uranalysaa Was there en	
	23. If death was due to externel causes (VIOLENCE) fill in also the followin Accident, suicide, or homicide? Date of injury	9
O 16. BIRTHPLACE (city or town) (State or country)	Where did Injury occur?	, 17
17. INFORMANT Jalyn Blings (Address) 4 Garage Customer Land	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ite) LACE,
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place Carkerved en Date March 16, 19 3		
19. UNDERTAKER LEGISLAGIST PORTS	24. Was disease or injury In any wey related to occupetion of deceasad?	no
20. FILED 6/14, 1933 G. M. Bacolo. Registrar.	(Signed) A. M. Bacon (Address) Larkwille,	M. D.
If more blanks are needed, address State Registrat	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

STATE OF MARYLAND-CERTIFICATE OF DEATH

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1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

X	Exact	/	PLACE OF DEATH,	STATE OF MARYLAND CERTIFICATE OF DEATH
PECOP	eriy classified.			Registration Dist. No. 3.7 Lylor Hell St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and sumber.)
4	rop		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
15 A W O	ay be page and back of	3 81	Cal. Color or RACE 5 SINGLE, MARRIED, WHOWED OR DIVORCEI (Write the word)	(Month) (Day) (Year)
FOR BINDING	CE st hat it ons o	6 D.	MATE OF BIRTH Not Know (Month) (Day), 1————————————————————————————————————	that I last saw how alive on from 2000, 1993, and that death occurred on the date stated above, at 6 mm. The CAUSE OF DEATH of was as follows:
NEADING INK.	be carefully su EATH in plain te y important. See	pe (b bu	CUPATION Trade, profession or darming articular kind of work General nature of industry assiness, or establishment in hich employed or (employer) RTHPLACE (State or country) Culfaeffeer Va	Contributory Order Contributory Order Contributory Contri
MARGI	information should state OAUSE OF DICCUPATION is ver	PARENTS	11 BIRTHPLACE OF FATHER OF MOTHER OF MOTHER OF MOTHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER	(Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Ideans of Injury: and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of death yrs. mos. da. State, yrs. mos. da
Meire	CIAMS should statement of 0	15	(State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) Sterly Sov Wd iled MM 22 1923 Dr. WJ. E. Manse	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MC Calvey Cernel June 22, 33 20 UNDERTAKER ADDRESS
₽	Z.	-	Registrar	16 W. Saratoga St., Balte., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occ. pations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House. household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement (a) Foreman. (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) ac litional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or The material

Ease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia.")

head of "contributory." (Recommendations on state: quences (e. g., sepsis, tetanus) may be stated under the diseases resulting from childblrth or misearriage as can be ascertained as the cause. Always qualify all symptomatie), "Atrophy," "Collapse," conditions, such as "Asthenla." "Anaemla" stated unless important. Example: Measles Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on ture of the lnjury, as fracture of skull, and consetrain-accident: Revolver wound of head-homicide; Examples: Accidental drowning: Struck by railway as probably such, if impossible to determine definitely "Puerperal septicuemia." Puerperal peritonitis." rhage," "Inaultion." "Marasmus," "Old Age." "Shock," ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma. Sarconia, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Poisoned by carbolic acid-probably suicide. The naand qualify as accidental, suicidal, or homicidal, or State cause for which surgical operation was under-"Uraemia," "Weakness." etc., when a definite disease "Dropsy," "Exhaustion," "Heart vulsions." (name origin; "Cancer" is less definite; avoid (secondary or Intercurrent) affection need not be Whooping cough; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Chronic valvalar heart disease; failure." "Hacmor-"Соша," "Соп-Measies; (merely (second-(disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05856
1. PLACE OF DEATH	(82)
County Baltimore	Registration Dist. No. 30
Village or City Eatonsurlle of	Prema Grove Hospital St. Ward
(li	death occurred in a hospital or institution, give is NAME instead of street and number) 3 ds. How long in U.S. if of foreign birth?
2. FULL NAME adelaido Fasion	a e e a .
216 110:1:	2 St., Weld. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, W100WED,	21. DATE OF DEATH
Temale White Deparated	Yune 20, 193 3 (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of	22. O I HEREBY CERTIFX, That I attended deceased from
(or) WIFE of linknown	Line 17 1932 to June 20 1938
6. DATE OF BIRTH (month, day, and year) No. ? Say? 1874	Hast saw h. e. alive on free 20, 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3 - P m.
2 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
2 Trade profession or particular	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and spant in this securation (month and spant in this spant	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Corelal Thrombosis 16th
SAW MILL, BANK, etc	
this occupation (month and spant in this occupation year)	
1. 6	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) ACC (State or country)	Pa OP TOP
	general lasalypes ()
13. NAME unkstern	the onsaine you
14. BIRTHPLACE (city or town)	Name of operation Oate of
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIOEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
S (State or country)	Where did injury occur?
17. INFORMANT Amelia Merenda	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place / Lev alterlation / #2, 19, 2.	Nature of Injury
19. UNDERTAKER LES 17 Pulh	24. Was disease or injury in any way related to occupation of deceased?
(Address) La lle md	If so, specify
20. FILED 6/90. 19 - Reladin	(Signed) Walt E. Janett M. D.
20. FILEO Registrar.	(Address) Oftenbulle and
If more blanks are deeded, address Sinte Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II				
The principal cause of death and related causes of importance were as follows: Arterioselerosis		Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy			
Chronie interstitial nephr	ilis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	BURLAU	July 5, 1927	Peritonitis	3 days ago		
Other contributory can	ses of importance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		
				1		
		1		1		

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
other contributory causes of importance.		Other contributory causes of importance.		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05858
County Salkmore	(83)
	Registration Dist. No. 32
	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Charles the Charles of abode) (a) Residence: No. 5218 Dunner are (Usual place of abode)	s. ds. How long in U.S. if of foreign birth? yrs. mos. ds. St., Ward. Ballinore and lift nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
34 SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorged HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That + attended deceased from
6. DATE OF BIRTH (month, day, and year) Unbrown	Hast saw h. alive on
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, et # 0m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows: Date of onset
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc.	Drowning
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
O 10. Date deceased last worked at this occupation (month and year)	Ucadantal
12. BIRTHPLACE (city or town) Not known	Dther Coutributory Causes of Importance;
13. NAME Survey 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Whet test confirmed diagnosis? Was there an aulopsy?
I 15. MAIDEN NAME NOT KNOWN	23. If death was due to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Account Date of Injury Juny 18, 19
17. INFORMANT Coma fogare (Address) 5218 Dinfinore ave	(Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR. REMOVAL Police July, Lat., 19.33	Manner of injury Drokving Neture of injury do
19. UNDERTAKER Frank H. Newell (Address) Pinewill	24. Was disease or Injury in any wey related to occupation of deceased?
20. FILED LINE 30, 19 33 Dr M J. Willed Registrat.	(Signed) Charlow toy Coroner M.D.
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
1111 9 1033			
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
			-

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RESERVED

(Year)

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

ADDITIONAL SPACE FOR FU	URTHER	STATEMENTS	BY	PHYSICIAN
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RECORD. Every item of infor-. PHYSICIANS should state Bract statement of OCCUPA-MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH CONFADING INK—THIS IS A PERMANENT Marion chould be constally constally and the control of the chould be constally constally and the control of the chould be constally constally constally constally control of the chould be constally constall	IN RESER	VED THIS	FARGIN RESERVED FOR BINDING
CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.	so that it m actions on ba	ay be	properly classified.

1. PLACE OF DEATH County Ballimare Village or City James (If Length of residence in city or town where death occurred yrs. mos. 2. FULL NAME Wallage Simul Simu	Registration Dist. No. ND. Hester's Couvaliscent Herre death occurred in a horpital or institution, give its NAME instead of street and no	8
Village or City Town where death occurred yrs	No. Hester's Couvaliscent Here	8
Length of residence in city or town where death occurredyrsmos	No. Hester's Couvaliscent Hour	0 .
Length of residence in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and no	10/00
11100		
2. FULL NAME MANUELLAND SUMME	How long in U.S. if of foreign birth?mos	5 d:
	lardus III.	
(a) Residence: No. Elblou — Illi	St., Ward.	
(Usual place of abode)	If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORGED (write the word)	21. DATE OF DEATH	2
male mule legelbures	(Month) (Oay)	(Year)
a. If married, widowed or divorced HUSBAND of	22- A LHEREBY CERTIEN. That I attended d	
(or) WIFE olyma Raura Hoodwee Horals	HEREBY CERTIFY. That t attended d	eceased tro
DATE OF BIRTH (month, dey, and year alex. 28. 1865.	I last saw have alive on August 5 1933.	, 19
AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5 P. m.	; death is sai
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8 Trade profession or particular	were as follows:	Date of onse
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	A Lattory	1-1010
s, Industry or business in which	- Ogwyneg	9/3/3
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. S, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occuration (month and		
1D. Oate deceased last worked at this occupation (month and spent in this		
year)	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Illa. Venue.	Other Continuety Causes of Importance.	
(State or country)	Cerebral Wellresselerous	will
13. NAN PHILAGE (city or town Philage Parenes		
14. BIRTHPLACE (city or town)	Name of operation Date of	
(State of country)	Whet test confirmed diegnosis? Was there an au	tonsy?
16. BIRTHPLACE (city or town) Physical College (Color Country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
16. BIRTHPLACE (city or town). P.	Accident, suicide, or homicide? Date of injury	
(State or country) VIIII . VIIII .	Where did injury occur?	, 10
7. INFORMAN Velliam Hardner	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLAC) CE
(Address) Ellow and	The state of the s	,
8. BURIAL, CRAMATION, OR REMOVAL	Manner of injury	
Place Caulerack N. Date Much 1,1955	Nature of injury	
19. UNDERTAKER HM Phlein	24. Was disease or injury In any way related to occupetion of deceased?	100
(Address)	If so, specify	
5 183 (Mr. 1) 1d 10	(Signed) Dun Gullu	
20, FILED RIVER 1997 At 1997 All 1997 A		7 75 Em.

Statement of occupation .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago 1921 Chronic interstitial nephritis Run over by street car 1 week ago Cerebral hemorrhage Jul 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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1 10 Dard

should state

of OCCUPA.

1.	PLACE OF DE	ATH			600
	County Balt	imore	/		Registration Dist. No.
	Village or City_P	ikesville	Howa	rdville	Market St Ward
			h	Or (If	death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in		. / /	yrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2.	(a) Residence: No.		e P. O. J		relle mario
cuts			(Usual place of		If nonresident give city or town and State
	PERSONAL A				MEDICAL CERTIFICATE OF DEATH
3. S		hite	5. SINGLE, MARF OR DIVORCED Marrie	(write the word)	21. DATE OF DEATH June 8 , 193 3 (Month) (Day) (Year)
5a.	If married, widowed, or d HUSBAND of (or) WIFE of Ka	tharine Ma	rie Gom pf		22. I HEREBY CERTIFY, That i attended deceased from Jan. 17 1933 to June 8 1933
6. D	ATE OF BIRTH (month,	day, and year)	ec. 11, 1	853	I last saw him alive on June 8 , 1933; death is seid
7. A		Months 5	Days 28	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at 11 P m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
OCCUPATION	8. Trada, profession, or kind of work dor SAWYER, BOOKK 9. Industry or business work was done, a SAW MILL, BAN 10. Date deceased last this occupation (ryear)	ne, as SPINNER, KEEPER, etc	arming & arm 11. Total tir spen occu		Myscarditis, chronic. Duration: unknown. Cul. of.
12.	BIRTHPLACE (city or tow (State or country)	m) Baltin	nore, Mary	land.	Other Contributory Causes of importance: Arterio-Sclerosis
ER	13. NAME Peter	Gompf			
FATHER	14. BIRTHPLACE (city or (State or country		nany		Name of operation_Name
ER	15. MAIDEN NAME	Anna Schat	t		23. If death was due to external causes (VIOL ENCE) fill in also the following:
MOTHER	16. BIRTHPLACE (city or (Stata or country		iany		Accident, suicide, or homicide? Date of injury, 19
17.		. Katherin		lompf	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OF	R REMOVAL		11 ,1933	Manner of injury
19.	UNDERTAKER MAG	Chas a	9. Roh	de	24. Was disease or injury in any way related to occupation of deceased? No
20.	FILED June 10	, 1933	110.0	. My Registrar.	(Signed) 16 16 10 M.D. (Address) Pikesville, M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMI	ENTS BY	PHYSICIAN
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PHYSICIANS should state NFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact Statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTEX CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING See instructions on back of certificate. MLY, WITH TION is very important. N. B.-WINFE PL

V. S. No. 1

1	1. PLOO	F DEATH	JF MAR	YLAND-	-CERTIFICATE OF DEATH	05862
Y	County	Balley , v	. l		(19)	2
1	Village or (City Calon	000		Registration Dist. No	20
			muce	(I	No If death occurred in a hospital or institution, give its NAME instead of str	St.,Ward
	Length of res	idence in city or town where	death occurred	yrs7mo	ds. How long in U.S. if of foreign birth?yrs	mos. ds.
	2. FULL NA		Melen	rude	Gruns	
	(a) Residen		(Usual place		assure Wark. If nonresident give city or to	wn and State
_		AL AND STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF DEA	
3.	SEX	4. COLOR OR RACE	5. SINGLE, MAR OR DIVORCE	RIFD, WIDOWED,	21. DATE OF DEATH 6 - 27	102 3
5a	. If married, widow	red, or divorced	1 vu	7	(Month) (Day)	(Year)
	HUSBAND of (or) WIFE of	-			22. I HEREBY CERTIFY, That I at	ttended deceased from
-					A A	271933
		(month, day, and year) M	or. 26	, 1932	1 //	9.33 -; death is said
7.	AGE Yea	rs Months	Days	If LESS than	to have occurred on the date stated above, at 6 .15 1 m.	
				I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of important were as follows:	ce
N	8. Trade, profes	ssion, or particular /				Date of onset
T	, SANTER,	BDOKKEEPER, etc	<u></u>	ou,	Canaculscan	11 >
UP	work was	done, as SILK MILL.				1112
OCCUPATION	10. Date decease	L, BANK, etced last worked at	11 Total ti	ime (years)	Yleo Colitis	27/1
0	this occup	pation (month and	sper	nt in this		- Langs
12.	BIRTHPLACE (cit		,	1-A->	Other Contributory Causes of Importance:	
~	nuos no estat2)	try) Cal	ousul	le, mes		
FATHER	13. NAME	learan	e if	mus.		
AT	14. BIRTHPLACE				Name of operation	te of
-	(State or	1 2 2	ry lan	el.	····· a/) A //. //	re an au opsy?
MOTHER	15. MAIDEN NAN	ME Thelala	/ ale	soul	23. If death was due to external causes (VIDLENCE) fill in also the fo	
0	16. BIRTHPLACE	(city or town)			Accident, suicide, or homicide? Date of injury	
2	(State or	country)	lary to	ua.	Where did injury occur?	, #7
17.	INFORMANT	Rearres)	Grin	1	(Specify city or town, county at Specify whether injury occurred in tNDUSTRY, in HDME, or in PUBL	nd State) JC PLACE.
18.	BURIAL, CREMATI	ON, OR REMOVAL			Manneration	
	Place Har	mony cent	Date 4 -	7 , 193 3	Manner of injury	
19.	UNDERTAKER	to hay in	Cel	Di	Nature of injury	ed? No.
20.	FILED June	28 , 1933 Tu	asslall	Blurst-	(Signed) Marshall B Worst (Ardress) Catoungle 7	M. D.
		If more b	lanks are needed, ac	Idress State Registrar, 2	2411 N. Charles Street, Balimore, Requesting V. S. No. 1.	

CTATE OF MADVI AND

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA-

Exact statement

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05803
1. PLACE OF DEATH	
County Baltimore	Registration Dist. No. 4
Village or City Dundalk	No. 98 Dundalk Ave. st., Ward
Length of residence In city or town whare death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME HARRY FRANCIS HARLE	
(a) Residence: No. 98 Dundalk Ave. Dundal	
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR: DIYORCED (write the word)	21. DATE OF DEATH June 22 (Month) (Year)
5a. If married, widowed, or divorcad HUSBANO of	(1001)
(or) WIFE of	22. I HEREBY CERTIFY, That I attended dacessad from November 3 d , 182 , to June 2 2 d 193
6. DATE OF BIRTH (month, day, and year) ? 1851	I last saw h m aliva on 2 2 2 2 19.3 3; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
82 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca were as follows:
8. Trada, profession, or particular Painter &	Cardio-Vascular-Renal 1922
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Dis. CHupesternan
ork was done, as SILK MILL, SAW MILL, BANK, etc	
SAWYER, BOOKKEEPER, etc	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) Maryland	Class Cust opyelites 1931
当 13. NAME Joseph L. Harley	The state of the s
13. NAME Joseph L. Harley 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of A Lake Was there an autopsy? "TO
当 15. MAIDEN NAME Elizabeth Ann Boone	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Elizabeth Ann Boone 16. BIRTHPLACE (city or town) (State or country) Maryland	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Mr. Chas. T. Harley (Brother) (Address) 98 Dundalk Ave.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Mt Place Carmel Cemetery Date June 24,193	Manner of Injury
Henry Sander & Sons. Inc. (Address) Baltimore St. & Broadway	24. Was disease or injury in any way ralated to occupation of deceased?
20. FILEO 04-8/3-39 MMborumes	(Signad) M. D. (Address) Laure sel M. Ale.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter. machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	- i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05865
1. PLACE OF DEATH	
County Daltan	Registration Dist. No.
Village or City Coatonoerle Offren	No. Store Hospital St., Ward
1 0	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME alias Alans	
(a) Residence: No. 270 7 Overland an	St., Ward Balts . my
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Tenuale Or Divorced (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Lukuow	Dept 20, 1931, 10 June 21, 1933
6. DATE OF BIRTH (month, day, and year) Puch 4/1874	I last saw h. Re alive on June 21, 19.3.3; death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2 3 P m.
59 3 16 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER. However & SAWYER, BOOKKEEPER, etc.	0 1 6 0 0
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (work) this occupation (month and spent in this second as the se	Cerebral Contotion / work
9. Industry or business in which work was done, as SILK MILL, ALLONG.	
year) Left 1934 occupation 254	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town)	
(State or country) Massachusells	afterio - 3 deroseo. 7/2
14. BIRTHPLACE (city or town)	Organic toalna language
(State or country)	Name of operation
	What test confirmed diagnosis? Was there an au'opsy? 23. If death was due to external causes (VIOL ENCE) fill in also the following:
± 79	Accident, suicide, or homicide? Date of Injury19
O 16. BIRTHPLACE (city or town) (State or country)	Where did Injury occur?
17. INFORMANT Me. 7. Men'eberg	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Morrhand Oate / 24, 1963	Nature of injury
19. UNDERTAKER JMC Cork	24. Was disease or injury In any way related to occupation of deceased?
(Address)	(Signed) BORK & Gamed M. O.
20. FILEO. Registrar.	(Address) Catoraerle Ind
The state of the s	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
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Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrito	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
190			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
· · · · · · · · · · · · · · · · · · ·			
*,			

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH should County_ Registration Dist. No. item (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign blrth? _____ yrs. ____mos._ RECORD. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Year) BINDING 5a. If married, widowed, or divorced HUSBAND of HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Month# If LESS than FOR The PRINCIPAL CAUSE OF DEATH and related causes of Importance or min. Date of onset Trade, profession, or particular kind of work done, as SPINNER, RESERVED 0 SAWYER, BODKKEEPER, etc. PAT may 9. Industry or business in which work was done, as SILK MILI plnods OCCUR SAW MILL, BANK, etc ... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spant in this occupation Diher Contributory Causes of importance: RGIN 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME See Name of operation _. ain (State or country) What test confirmed diagnosis?... MOTHER 15. MAIDEN NAME ii. 23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) Accident, suicide, or homicide?. DEATH (State or country) Where did injury occur?. (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE plnous OF (Address) 18. BURIAL, CREMATION Manner of injury CAUSE ne 20 1933 mation Nature of injury LION 24. Was disease or injury in any way related to occupation of deceased? 19. UNOERTAKER (Address) If so, specify (Signed). Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related caus of importance were as follows: Arteriosclerosis	Ses Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cercbral hemorrhage	July 5, 1927	Perilonitis	3 days ago	
BURFAU				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

See instructions on back of certificate.

TION is very important.

of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	186-00
County Baltimore -	Registration Dist. No. 20
Village or City Catonsvilla -	No. Frecheri Cla Tal, St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME William J. Hill.	
(a) Residence: No. Frederick. Rd. Catousy (Usual place of abode)	i/stee . Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Male. Married	21. DATE OF DEATH June 7 193 3 - (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Ellen Hill.	22. I HEREBY CERTIFY. Thet I attended deceased from Oct. 11- 19 25, to June - 7 19 33
6. DATE OF BIRTH (month day and year) TIAN - 21- 1854.	I last saw h. i. M. alive on June - 19.32 death is said
6. DATE OF BIRTH (month, day, and year) 244 - 27 - 1859 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at _1:30A.m.
78 10 17, 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. SINDUSTRY OF business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Chronic Misolarding
9 Industry or business in which work was done, es SILK MILL,	E (Indina) (Peeton)
SAW MILL, BANK, etc.	Date of fall, accidental: may 15th, 1933.
- I this occupation (month and I) by a spont in this	Injuries consisted of bruises of the arms, scald
year) occupation 70 y	Other Contributory Causes of importance locaration, and a general
12. BIRTHPLACE (city or town) 52 fast	P. J. Shokerefe Cevery
(State or country) Treland.	Mudales
13. NAME Johnson Hill. 14. BIRTHPLACE (city or town) Belfast.	Tranmoto (Tible)
14. BIRTHPLACE (city or town) Be (State or country)	Name of operation Date of
(State of country) Lre Land	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Vancy 6:11. 16. BIRTHPLACE (city or town) Belfes t	23. If death was due to external causes (VIOLENCE) fill In also the following:
O 16. BIRTHPLACE (city or town) Belies (Stete or country)	Accident, suicide, or homicide?
- (Stele of Country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Nellie Hall 10172 Caughter	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) (at a n soville, Md.) 18. BURIAL, CRIMATION, OR REMOVAL	Manage of internet
Place Mr. Colere Du-Date June 8 19 33	Nature of injury
The 1/2/10/	n ₁
19. UNDERTAKER (Address) (Address) (Address)	24. Wes disease or injury in any way related to occupation of deceased?
10 1 1111	(Signed) M.D.
20. FILED 19 Registrar.	(Address) Catousville

If mor blandar heads, state Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUREAU V. 6		·	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA-Exact statement mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY, WITH

RGIN RESERVED

V. S. No. 1

STATE OF MA	RYLAND-	CERTIFICATE OF DEATH 0580	8
1. PLACE OF DEATH		159	
County Dallino	· l	Registration Dist. No. 44	
Village or City College		ND	_Ward
Langth of residence in city or town whera death occurred	(It yrs,	death occurred in a horpital or institution, give its NAME instead of street and number) ds.
2. FULL NAME BURSY BO	y Hotel	etter	
(a) Residence: No. Essex 7	1.	St. Ward.	
(Vsual p	lace of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PAI		MEDICAL CERTIFICATE OF DEATH	
M. W ORDIVO	MARRIED, WIDOWED, RCED (write the word)	21. DATE OF DEATH (Month) (Day) (You	3
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of		22. HEREBY CERTIFY, That I attended dacease	d from
6. DATE OF BIRTH (month, day, and year) Secure 2.0	9./22	Nast saw h Am alive on Kingle 3 2 19 3 3: death	is sald
7. AGE Yaars Months Days	If LESS, than	to have occurred on the data stated above, at 2:20 P.m.	12 2910
	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trada, profassion, or particular		Memaline Date	ofonsat
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc			
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and			
IO. Date deceased last worked at this occupation (month and year)	tal time (yaars) spent in this occupation		
12. BIRTHPLACE (city or town) Essex 7	nd	Other Coutributary Causes of importance:	
(Stata or country)			
13. NAME alow Joseph for	Isteller		
13. NAME ALVIN hysesh for	he City	Name of operation	
(State of country)		What test confirmed diagnosis? !!!!!!! Was there an autopsy?	
15. MAIDEN NAME (Maa Muri	Hoin.	23. If death was due to axtarnal causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) - Bulling	nelity	Accidant, suicide, or homicide? Date of Injury, 19	
(State or country)		Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT // OCALLAS		Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, DR. REMOVAL		Manner of injury	
Place CAR Janes Date gr	me 25, 193	Nature of injury	
19. UNDERTAKER John S: Grin (Addrass) Cary Mal	ely	24. Was disaase or injury in any way related to occupation of deceased? 200	
20. FILED June 22, 1933 John 1.	Comely Registrar	(Signad) Manual Market (Address) Albert Albe	M. D.
If more blanks are need		2411 N. Charles Street, Baltimore, Requesting V. S. No. z.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Peritonitis Julu5.1927 3 days ago STIDEAT Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAL	E FOR FURTHER STATEMENTS BY PI	PHYSICIAN
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1. PLACE OF DEATH	9:0
County Baltimore	Registration Dist. No. 43
Village or City Raspeburg	No. Kenue od Cive St., Ward if death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmo	sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME R. Rosalie Horne	Y
(a) Residence: No. Kenword Cue (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Female 4. COLOR OR RACE OR DIVORCED (write the word) Warried	21. DATE OF DEATH (Month) (Day) (Year)
58. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles R. Horney	22. 1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) april 17 th 186	I last saw h. e1 alive on Jan 23 , 1933 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
66 7 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, at home SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which	Toman Alexan
work was done, as SILK MILL, SAW MILL, BANK, etc.	
O 10. Date deceased last worked at this occupation (month and year) spant in this occupation	0
f. t-	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) (State or country) Maryland	motor Recorded
13. NAME Joseph Riving	- figures of gray rain
14. BIRTHPLACE (city or town). Anknown	Nama of operation
(State or country) Unknown	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sarah Coloscott	23. If death was due to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME Sarah Coloscott 16. BIRTHPLACE (city or town). Unferrourn	Accident, suicide, or homicide? Date of injury, 19
2 (State or country) Williams. Horney	Where did injury occur? (Specify city or lown, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Raspeburg, md. 8	
18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Dots June 78, 1933	Manner of injury
19. UNDERTAKER Frederich Lassahn & Son	24. Was diseasa or injury in any way related to occupation of deceased?
(Address) 740/ Belan Rel.	If so, specify
20. FILED 6/2) ,19.3.3 SA 721	(Signed) M. D. M. D.
+ Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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The principal cause of death and related causes Date of onset of importance were as follows:			Example II		
			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	9 1933	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	The second second	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	SURPAU V.	July 5, 1927	Peritonitis	3 days ago	
	The section of the se				
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

V. S. No.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05870
County Daltemore	Registration Dist. No. 30
	No. St., Ward death occurred in a horpital or institution, give its NAME (nated of street and number)
6 . 11 00	28_ds. How long in U.S. if of foreign birth?dsds.
(a) Residence: No. /120 Gosuch	The Ward Balto. Mid
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male white will write word	(Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY That I attended deceased from
unknown	8, 1933, to / 1933 Hast saw h alive on / 1933; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS then	to have occurred on the date stated above, at 10.4m.
69 10 /2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows: Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER Carpenter SAWYER, BOOKKEFPER, etc.	0 0
Mork was done, as SILK MILL.	Ch. Inta Caphritas 3ms
10. Oate deceased last worked at this occupation (month and spent in this /	
year) - New 1951 Occupation Life In	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Broncho- neumania 4da
13. NAME Spederit Coulder	
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Was there an autopsy?
15. MAIDEN NAME Margarel Glerst	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country) State or country)	Accident, suicide, or homicide?
17. INFORMANT Must Dantling (Address) 1/20 Corse als a. a.	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place of John Car, Date	Nature of injury
19. UNDERTAKEN JOHN BOLL BALLS IN	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 6 19 2 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Signed) But Caret M.D. (Address) But by suite Ma

If more blanks are neggen, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Tillyo, toor	Peritonitis	3 days ago
₩ 1833 W	18th		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1, 1928	Gastroenteritis	1 year

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Stated EXACTLY. PHYSICIAINS successified. Exact statement of OCCUPA. TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be WRITE PLAINLY, WITH N. B.

ARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE O	SIAIL OF DEATH	F MAR	YLAND-	CERTIFICATE OF DEATH	5871
County	Baltimore			Registration Dist. No. 43	
	city Raspeburg		2 yrs, mos	No. 708 01d Home Road St., f death occurred in a hospital or institution, give its NAME instead of street and no ds. ds. How long in U.S. if of foreign birth? yrs. most	Ward umber)
2. FULL NA	ME Ellen T.		ns	St. Ward.	
		(Usual plac	e of abode)	If nonresident give city or town and S	State
3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MA	RRIED, WIDOWED, ED (write the word) 10 d	21. DATE OF DEATH June 26,	193 3.
5a. If married, widow HUSBANO of (or) WIFE of		alter J		22. I HEREBY CERTIFY That I attended d	(Year)
6. DATE OF BIRTH 7. AGE Yea		ne 4.	1860 If LESS than	to have occurred on the date stated abova, at 5.15%.	; death is said
9 Trade profe	73 O	22	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related cause of importance was as follows:	Consolor/
9. Industry or work wa SAW MII	business in which s dona, as SILK MILL, LL, BANK, etc.	House-w At Home			77
	ad last worked at pation (month and	11. Total sp	time (years) ent in this cupation	Other Contributory Courts of importance:	
12. BIRTHPLACE (ci (Stata or cou			d.	theme whenowe	(93
13. NAME	Thomas Brad!	ley			
(Stata or	(city or town)	yland		Name of operation Oate of What test confirmed diagnosis? Chamber Was there an au	itopsy? hs
H 15. MAIOEN NA	ME Not Known	n		23. If death was due to external causes (VIOL ENCE) fill in also the following:	
5 16. BIRTHPLACE	(city or town)	Known		Accident, suicida, or homicide? Date of injury Where did Injury occur?	
	m. Walter Jo 08 Old Home			(Specify city or town, county and State Specify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	
18. BURIAL, CREMAT	1 . 11 00	Date Jun	ne 29, 1933	Manner of injury	
19. UNOERTAKER(Address)	John F. D.	anny		24. Was disease or Injury In any way related to occupation of deceased?	
20. FILEO	28,1933 9.	a. Fr	M. L. Registrar.	(Signed) A TOMOGRAPHICAL (Address) L.	M. 0.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1	1	Example 11	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
Chronic interstitial nephritis	1910	Run over by street car	1 week ago
Cerebral hemorphage	July5,1927	Peritonitis	1 week ago 3 days ago
		199403513	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. ARGIN RESERVED mation should be carefully supplied. AGE should be N. B.-WRITE PLAINLY, WITH

V. S. No. 1

STATE OF MARTLAND	CERTIFICATE OF DEATH 05872
1 PLACE OF DEATH	957
/ County allumn AA	Registration Dist. No. 33
Village or City Owner Mills	No. St., Ward
Length of residence in city or town where death occurred 45 yrs	f death occurred in a hospitation institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME Comice John	suy.
(a) Residence: No. Owing Mills (Usualpiace of abode) Park	St., Ward. Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE-MARRIED, WIDOWED,	21. DATE OF DEATH
Female White Propriet (write the ward)	(Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of	
(or) WIFE of Henry (whoman	22. I HEREBY CERTIFY, Thet I attended deceesed from
dent l	7 ,1933, to Jun 29 ,1933
6. DATE OF BIRTH (month, day, and year) March 5 185-3 7. AGE Years Months Days if IFSS than	1 last saw har alive on 7 - Z.9, 1933; deeth is said
7. AGE Years Months Dey's if LESS than I day,hrs.	to heve occurred on the date stated ebove, etm. The PRINCIPAL CAUSE OF DEATH end releted causes of importence
80. 3 A 7 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cerebic Hemorlian Jung.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed lest worked et blis occupation (month etc.)	
10. Date decessed lest worked et this occupation (month and mr. 21532 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Horaed	Other Contributory Causes of importance:
(State or country) Sweeden	Duamles & Cardine
13. NAME John Johnson	Dusiphorenz
13. NAME John Johnson 14. BIRTHPLACE (city or town)	Neme of operation
(State or country)	What test confirmed diegnosis? Stephiocolor Was there en autopsy? he
15. MAIDEN NAME Johanna Bendtson	23. If death was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Horid	Accident, suicide, or homicide?
(Stete or country) & wieden	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs. John Cinduson (Address) Owings mills	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Piace aslowy Conesterpate July 1933	Nature of injury
19. UNDERTAKER 2nd Berryforday & Sons	24. Was disease or injury in any way related to occupetion of deceased? Lo
(Address) Preizestum Inf.	If so, specify
20. FILED Jun 30, 1933 Of molade	(Signed) M. D.
Registrar.	(Address) Thyridan Mid

STATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonilis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

STATE OF M	ARYLAND—CERTIFICATE	OF	DEATH
------------	---------------------	----	-------

055:3

1. PLACE OF DEATH	A second	(8x-a)			
County Ballo	\$ 10 miles		Registration	Dist. No. 33	
Village or City & Lynn	lan Md	NoNo		St	War
		If death occurred in a hospital or insti			number)
Length of residence in city or town who	ere death occurred L. yrsmo	sds. How long in U.S. if	of foreign birth?	yrs	mos ds
2. FULL NAME Hem	y Ragle				
(a) Residence: No.	inda	St., Ward.			
	(Usual place of abode)	11		give city or town an	d State
PERSONAL AND STATIS		-	CERTIFICATE	OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word)	21. DATE OF DEATH		2 th	3
Male There	Marved	- for	(Month)	(Day)	, 193. (Year)
5a. If married, widowed, or divorced HUSBANO of	1.	22. / I HEREB	VCERTIE	Y. That I attended	4 4
(or) WIFE of Jours	e Hagle	June Valte	1433 10	me 2-5	To 33
6. DATE OF BIRTH (month, day, and year)	July 15 1850	Flast saw h_/ A alive on	June 1:	2512 1037	death is sale
7. AGE Years Month	Days If LESS than	to have occurred on the date sta	1 //1.50	3 pm	, weath 15 Sali
82 11	10 1 day,hrs.	The PRINCIPAL CAUSE OF DE	/ //	ses of importance	
8. Trade, profession, or particular	ormin.	were as follows:			Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		0	0		1/1
9. Industry or business in which	D+1.	I proposal	- hear	15/1 2 20	
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Butcher	0	- James		-/
10. Date deceased last worked at this occupation (month and	11. Total time (years) spant in this				
year)	occupation	Other Contributory Causes of im			
12. BIRTHPLACE (city or town) . Da	lo bely	Deterios	e lerozia	24	
(State or country)		- Ans	restense	Ana/	
13. NAME Unferroce	m,	1//		•	
13. NAME UNFORCE 14. BIRTHPLACE (city or town)	was resulty	Name of operation		Oate of_	-
(State or country)	many	What test confirmed diagnosis?	/	Was there an	autopsy?
15. MAIOEN NAME 16. BIRTHPLACE (city or town)	tartulan	23. tf death was due to external c			
16. BIRTHPLACE (city or town)	umany	Accident, suicide, or homicide?_	. /	Date of injury	
(State or country)	d	Where did injury occur?	· · · · · · · · · · · · · · · · · · ·		
17. INFORMANT Forcise I	Vagle	Specify whether injury occurred	(Specify city or in tNOUSTRY, In HC	town, county and Sta	ate) LACE.
(Address) Ulundo	I and.	· /			
18. BURIAL, CREMATION, OR SEMOVAL	1	Manner of injury	L		
Place Foundary and	2 Date Jun 27, 1933	Nature of injury	V		
19. UNDERTAKER FELS	ie & Sous	24. Was disease or injury in any	way related to occur	pation of deceased?	V
(Address) (Austina)	sun Md	If so, specify	16	100	11
20 FUED James 7.6 2 -	De me A De-1	(Signed)	us A.	Jaffel	М. Г
20. FILEO 72 19.3.5	Registrar,	- (Address)	Persters	Courtel mia	/

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Ex	ample I	==	Example II		
The principal cause of deat of importance were as follows:	th and related eauses ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	Affr 6 Box	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	- 77	July 5,1927	Peritonitis	3 days ago	
	BURE				
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

1. PI	LACE OF	DEATH				84)	5
County Baltimore						Registration Dist. No. 30	
						No. Sheppard & Enoch Pratt Hospit. f death occurred in a hospital or institution, give its NAME instead of street and it.	number)
						ds. How long in U.S. If of foreign birth?yrsm	osds
		E Johnston					
(a) Residence	: No. 1710 1	7. C1	inch A (Usual place	e of abode)	St., Ward. Knoxville, Tenn. If nonresident give city or town and	I State
		L AND STATIS				MEDICAL CERTIFICATE OF DEATH	
3. SEX	male	4. COLOR OR RACE white			RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH June It th (Month) (Day)	, 193_3 (Year)
HU:	rried, widowed SBAND of					22. I HEREBY CERTIFY, That I attended	deceased from
(or)	WIFE of . J	ames Skilli	ing J	ohnst	on	November 28 1932 to June, 24	19 33
6. DATE	OF BIRTH (m	onth, day, end year)	Apr il	23,	1881	last saw her alive on June 2 H 1, 19 33	; death is sal
7. AGE	Years	Months		Days	If LESS than	to have occurred on the date stated above, at /:/5-a.m.	
	52	2		1	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. O	kind of wor	on, or particular rk done, as SPINNER, OOKKEEPER, etc	Hou	sewife	9	Arteriosclerosis	Unk.
9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9	Industry or he	siness in which lone, as SILK MILL, BANK, etc					
10.	this occupa	last worked at tion (month and		11. Total	time (years) ent in this cupation Unic		-
	HPLACE (city State or countr	or town) Kings	ton,	Tenne	ssee-	Other Contributory Causes of importence: Manic Depressive-Manic	l yr.
企 山 13. I	NAME TO	nley C. Ke	ister			1	-
x		city or town). Vir				Name of operation Date of What test confirmed diagnosis? Was there an a	autoney?
企 山 15.	MAIDEN NAM	Sarah A.	Stan	fiel		23. If death was due to external causes (VIOLENCE) fill in also the following	
15. I	BIRTHPLACE (city of town/	nness	88		Accident, suicide, or homicide? Date of injury Where did injury occur?	
	RMANT	Hospital R	cord	s		(Specify city or town, county and States Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	te) .ACE.
18. BURI	AL, CREMATIC	IN, OR REMOVAL	ww. Da	te Jun	24,1933	Menner of injury	
		A	rea	syli	(n)	24. Was disease or injury in any way related to occupation of deceased?	
20. FILE	shue-	24, 19.53	V-1	12	the	(Signed) ANTINE PARTIES THE STATE OF THE STA	М. І

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Example I		Example II	
The principal cause of death and related car of importance were as follows:	uses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritondis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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1. PLACE OF DEATH		CERTIFICATE OF DEATH	5.0
County Galtimore		Registration Dist. No.	
Village or City Colgate		No. Lynch's Farm St.	War
Length of residence in city or town where death		death occurred in a horpital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth?yrs.	
11	nos yisinos	us. How long in 0. S. If of foreign birth? yrs.	mos0
2. FULL NAME JOHN	Josnowo	rejec	
(a) Residence: No. 130sto	(Usual place of abode)	Ward. If nonresident give city or town a	nd State
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH	od Didio
male shlute	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH June 9 de (Month) (Day)	, 193 S (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I ettende	d deceased fro
6. DATE OF BIRTH (month, day, and year)	95-1896	I last saw h elive on, 19	
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 10 H.m.	
37 10	4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	100
S Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	aborer	Myreardial	Data of one
9. Industry or business in which work was done, as SILK MILL,	/	- forming freezes	
SAW MILL, BANK, etc.	um stand		
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
0.0	to-	Other Contributory Canses of importance:	
12. BIRTHPLACE (city or town) (State or country)	d-	- Beal Trastration	4
	showoreki		
13. NAME Joseph 70.	0	Name of appraisa	
(State or country)	land	Name of operation Date of	
15. MAIDEN NAME Josephon	¿ Zalenski	23. If death was due to external causes (VIOL ENCE) fill in also the following	
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of injury	-
(State or country)	and	Where did injury occur?	
17. INFORMANT Joseph Zack (Address) 6 708 800	enofli esto live.	(Specify city or town, county and Si Specify whether injury eccurred in INDUSTRY, in HOME, or In PUBLIC F	ate) LACE.
18. BURIAL, CREMATION, OR REMOVAL	1	Manner of Injury	
Place Jacus Heart of manyo	ate fune 13, 1933	Nature of injury	
19. UNDERTAKER John J. Or (Address)	Inelly made	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED 6/13/2019 MM	Oa -	(Signed) redsrich tedas	US QM.

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Example I	t de	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
ROKS			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	L		

em o	shoule	00 J			
3D. Every it	FSICIANS S	statement of		2	2.
RECOI	Y. PH	Exact		3. 5a.	SE
MANENT	CACTL	lassified.		5a.	If
IS A PER	stated E	properly c	ertificate.	7.	AG
V. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC	TION is very important. See instructions on back of certificate.	NOCCUPATION	B III
DING	L. AG	so th	uctions	12.	В
H UNFA	y supplied	ain terms,	See instr	FATHER	1
LY, WIT	carefull	TH in pl	portant.	MOTHER FATHER	1
LAIN	uld be	DEA	ry im	17.	11
ITE P	oys u	SE OF	is ve	18.	В
BWR	matio	CAU	TION	19.	U
7				20.	F

	OF MAR	YLAND-	CERTIFICATE OF DEATH U58	5.6	
1. PLACE OF DEATH			(8)		
County			Registration Dist. No. 44		
Village or City Chas	<u> </u>	(If	No. St, death occurred in a hospital or institution, give its NAME instead of street and i	ward	
Length of residence in city or town where	death occurred	yrsmos	ds. How long In U.S. if of foreign birth?yrsm	osds.	
2. FULL NAME Many	Horns	ne			
(a) Residence: No.	en m	nd.	St., Ward.		
BEDSONAL AND STATIST	(Usual place		If nonresident give city or town and State		
PERSONAL AND STATIST	1	RIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH		
F. 21.	OR DIVORCE	D (write Was word)	Month (Day)	, 193 5 (Year)	
5e. If married, widowed, or divorced HUSBANO of (or) WIFE of			22. I HEREBY CERTIFY. That I attended		
6. DATE OF BIRTH (month, day, and year)	une 29	1-1933	I last saw h alive on		
7. AGE Years Months	Days	If LESS than I dey, hrs.	to have occurred on the date stated ebove, atm. The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		,	Date		
SAWYER, BOOKKEEPER, etc.			C+:000		
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc			Sulloan		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Data deceased last worked at this occupation (month and	11. Total ti	ime (years) nt in this		-	
year)	0630	pation	Other Contributory Causes of importance:		
12. BIRTHPLACE (city or town)	ian		Other Continues of Importance.		
	md.				
13. NAME Seo. stalter	. Koys	ne-			
14. DIKTHE LAGE (City of town)	ell.		Nama of operation		
(State of country)	md.	-	What test confirmed diegnosis? Was there en a	ulopsy?	
15. MAIOEN NAME Margare 16. BIRTHPLACE (city or town) Ch	LV.	hay	23. If death was due to external causes (VIOLENCE) fill in elso the following		
16. BIRTHPLACE (city or town)	ase		Accident, sulcide, or homicide? Dete of injury, 19		
27. INFORMANT Ser. 21. Horyne			Where did injury occur? (Specify city or town, county and State) Specify whether Injory occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.		
(Address) Chase 18. BURIAL, CREMATION, OR REMOVAL	mel.				
Place St. Pelus Date June 30, 1933		Neture of injury			
19. UNDERTAKER John G. (Address) lessen	bonne md.	ly	24. Was disease er injury in any way related to occupation of deceased?		
20. FILED June 30, 19 33 L	y. Gr	welly	(Signed) Harry / Vall (Address) Mess O. D. See	M. D	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year
			-

ADDITIONAL SPACE FOR FURTH	ER STATEMENTS BY PHYSICIAN
----------------------------	----------------------------

Exact statement of OCCUPA. AGE should be stated EXACTLY. PHYSICIANS UNFADING INK-THIS IS A PERMANENT RECORD. Every properly classified. FOR BINDING See instructions on back of certificate. ARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. -WRITE PLAINLY, WITH TION is very important.

V. S. No. 1 Ä ż should state

	L. PLACE OF DEATH	CERTIFICATE OF DEATH	55 7
	County Sallimore	3	6
		Registration Dist. No.	0
-	Village or City Fasterell	death occurred in a hospital or institution, give its NAME instead of street and n	Ward
	Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. If of foreign birth?mo	sds.
:	FULL NAME Infant Pro	uskrouh	
1	(a) Residence: No. 2 Pully, Hill ave	, St., Ward.	
	(Usual place of abode)	If nonresident give city or town and	State
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3.	4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	2
50	I maried with a day of the sample	(Month) (Day)	(Year)
Ja.	If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended of	deseased form
	(6) (11)		19
6.	DATE OF BIRTH (month, day, and year) Line 2 \$\int 133	I fast saw h alive on, 19	: death is said
7.	GE Years Months Days TLESS than	to have occurred on the date stated above, atm.	
	Stillborn or min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
N	8. Trade, profession, or particular kind of work done as SPINNER		Date of onset
TIC	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Stillborn foetys	
UPA	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	about 21/2 months	
OCCUPATION	10. Date deceased last worked at 11. Total time (years)	gestalio	
	this occupation (month and spent in this occupation	0	
12.	BIRTHPLACE (city or town) Parkville	Other Contributory Causes of Importance:	
	(State or country) Md.		
ER	13. NAME Seo, a. Krouskroup		
FATHER	14. BIRTHPLACE (city or town)	Name of operation Dete of	
E	(State or country) Ohio	Whet test confirmed diagnosis? Wes there an au	teneu?
ER	15. MAIDEN NAME Lillian Fitzgerald	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
MOTHER	16. BIRTHPLACE (city or town) Balto	Accident, sulcide, or homicide?	
Σ	(State or country) Mdv.	Where did injury occur?	
17.	INFORMANT Sea. Krouskrouh	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE) CF
	(Address) Parkville.		,
18.	BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
	Place Clauses Major Dosed of 19	Nature of Injury	
19.	UNDERTAKER on premises.	24. Was disease or injury in any way related to occupation of deceased?	no
	(Address)	If so, specify	
20.	FILED 6/29, 1933 Q. W. Bacon	(Signed) A. M. Daeou	
-	Registrar.	(Address) Carleralle	

STATE OF MADVI AND CEDTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH	55.8
1. PLACE OF DEATH	(83)	
county Baltimor	Registration Dist. Np.	0
Village or City le a torre volle	No. Spring From Asspel	a Ward
	death occused in a horpital or Institution, give its NAME instand of street and ds. How long in U.S. If of foreign birth? 20 yrs.	
Length of residence In city or town where death occurredyrsO_mos.	non long in o. o. ii oi loteigh bittin:	1103
2. FULL NAME and & Nous	zinske a ni-	
(a) Residence: No. 2632 E 26 of fine (Usual place of abode)	St., Sward. If nonresident give city or town at	nd State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
male white manied (write the word)	June (Month) (Dp)	, 193 5 - (Yaar)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attende	d descend from
(or) WIFE of	22. I HEREBY CERTIFY, That I attende	d decaased from
2 1.0-	0. 70	7 1923
6. DATE OF BIRTH (month, day, and year) 4 94	I last saw h alive on 190:	; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated abova, atm.	
38 10 17 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance wera as follows:	15.
7 9		Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	-Go and laval and	
F1 6, 8	Serest Serest	10 mo.
SAW MILL, BANK, etc.	The ouseen	0,10
O 10. Date deceased last worked at this occupation (month and spent in this spent in the spent in this spent in the spent in this spent in this spent in the spent in th		
year) Guery 13-21 occupation 1/41	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town)		
(State or country) German	Cerchal Effusion	2da
13. NAME Transa & Konsonsk		/
E 2		
13. NAME Transk Krudgursk 14. BIRTHPLACE (city or town)	Name of operation Data of	
(State of country)	What test confirmed diagnosis? Was there at	n au'opsy?
H 15. MAIDEN NAME Marie Pechlow	23. If death was due to external causes (VIDLENCE) fill in also the following	ing:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicida? Date of Injury	, 19
[State or country]	Where did injury occur?	
11 1 4 11	(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	tate)
17. INFORMANT Rate Krissenships (Address) 2632 & Haffer as II	Specify whether injury occurred in Habbart, in Home, of the Patert	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place donder on Date July 2, 19.77	Nature of injury	
19. UNDERTAKER USM levolo	24. Was disease or injury in any way related to occupation of deceased?	20
(Address) 200 St. Carl	If so, specify	
20. FILED 6/29, 18 Destruction (Registrar.	(Signed) (Address) Catoring DO	D21.
If more blanks are negled, address state Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Chronic interstitiat nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Regl

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Flied.

Shate of mod

055.9

(If death occurred in a hospital or institution, give its NAME instead

of street and number.)

REGISTERED NO.

. بر	ST., WARD (If nou-resident give city or town and State)
mos	ds. How long in U. S., if of foreign birth? yrs. mos. ds.
es	MEDICAL CERTIFICATE OF DEATH
wed, wnrd)	16 DATE OF DEATH (month, day, and year) 6/15/33
~-	I HEREBY CERTIFY. That I attended Apecased from
	Found cleard in bedy
=	that last saw hy alive on 3,30P.M 6/15/83
893	and that death becurred, on the date stated above, at
hrs.	The CAUSE OF DEATH* was as follows:
min.	Heart Failure
	A
	no further information Death certificate signed, at request of Justinianon, of Fillerton, Belti-
	CONTRIBUTORY more County, maryland.
	(Secondary)yrs,ds.
	18 Where was disense contracted If not at place of death?
	Did an operation precede death?
0	Was there an autopsy?
***************************************	What test confirmed diagnosis?
	(Signed) J. M. Bacou M. D.
long	JE 19 3 3 (Address) Parkville, USA.
	*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suleidal or Homieldal. (See reverse side for additional space.)
27	19 PLACE OF BURIAL, CREMATION OR RE- MOVAL DATE OF BURIAL
4	Harkwood Cent Just 1933 20 UNDERTAKER ADDRESS
9.	20 UNDERTAKER ADDRESS
strar	resicook 1207 Alfail

REVISED UNITED ATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Jenses and American Public Health Asso.]

occupation at beginning of illness. If retired on account of the DISEASE CAUSING DEATH, state pations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up work or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occuno occupation whatever, write None. Farmer (retired 6 yrs.). For persons who have from busines, that fact may be indicated thus: it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) paid Houseksepers who receive a definite salary) may be entered as Housewife, Housegaged in the duties of the household only (not "Dealer," etc., without more precise specifications, as Day Laborer, Farm Laborer, Laborer may form part of the second statement. Never return "Laborer" "Foreman," "Manager," Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; employments, it is necessary to know (a) the kind of work and also (b) the nature of the Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman, etc. But in many cases, especially industrial occupations a single word or term on the first every person, irrespective of age. For many relative healthfulness of various pursuits of occupation is very important, so that line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive be known. The question applies to each and -Coal Mine, etc. Women at home, who are en-Statement of Occupation.—Precise statement can the

Statement of Cause of Death.—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid the use of "Croup"); Typhoid fever (never report "Typhoid pneumonia") Lobar pneumonia; Broncho-pneumonia ("pneumonia," unqualified, is

toms or terminal conditions, such as "Asthenia," "Ancomin," (morely symptomatic), "Atrophy," "Collarse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.) "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. mendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association. and qualify as ACCIDENTAL, SUICIDAL HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned ges, peritoneum, etc., Carcinoma, Sarcoma, etc., of ... (name origin "Cancer" is less definite; avoid use of "Tumor" for (malignant quences (e. g., sepsis tetanus) may be stated under the head of "Contributory." (Recomby carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consefor which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause less important. Example: Mcaslcs (disease causing death), 29 ds.; Broncho-pneumonia (secondary), 10 ds. Never report mere sympvalvular heart disease; Chronic interstitial neneoplasms); Measles; Whooping cough, chronic For VIOLENT DEATHS State MEANS OF INJURY birth Always qualify all diseases resulting from child intercurrent) affection need not be stated unphritis, etc. The contributory (secondary or or miscarriage as "PUERPERAL septice-

5	RECORD. Every item of infor-	. PHYSICIANS should state	Exact statement of OCCUPA-	/
OR BINDING	S A PERMANENT	tated EXACTLY	roperly classified.	rtificate.
ARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. B.—WRITE PLAINLY, WI	mation should be carefu	CAUSE OF DEATH in 1	TION is very important.

STATE OF MARYLAND-	-CERTIFICATE OF DEATH U588%
1. PLACE OF DEATH	199
1 county Bull Co.	Registration Dist. No. 30
Village or City Loch Rane	No. St., Ward
	os. How long in U.S. if of foreign birth?yrsmosds.
	uer
(a) Residence: No. 4715 Harford Rel. (Upual place of abode)	St., Ward. H nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE OR DIVORCED (write the word)	21. DATE OF DEATH Line 18 19333 (Month) (Oay) (Yeer)
5a. If merried, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from
	, 19, to, 19
6. DATE OF BIRTH (month, day, end year) Sept V - 1814	l lest saw h; death is seid
7. AGE Yeers Months Oeys If LESS than	to heve occurred on the dete stated ebove, etm.
18 9 16 1 dey,hrs	The PRINCIPAL CAUSE OF DEATH end releted ceuses of Importence were es follows:
8. Trede, profession, or perticular	
kind of work done, as SPINNER, Clerk.	recidental Disorving
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	
10 10. Oate deceased last worked at 12 Total time (yeers)	
this occupation (month and spent in this occupation	
Bult 1	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town). Dellary	Neme of operation
(Stete or country) and	What test confirmed diegnosis?
15. MAIDEN NAME CULTUS to O. Dang Ath	ALM If deeth wes due to externel ceuses (VIOLENCE) fill In elso the following:
15. MAIOEN NAME (upsty) 16. BIRTHPLACE (city or town) Vash.	Accident, suicide, or homicide? Dete of injury 19
State or country)	Where did injury occur?
17. INFORMANT rederich B Layryer	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 47/3 Jocephu 18. BURIAL, CREMATION, OR REMOVAL	M
Plee Ocukerrole Doffene 77, 193	Menner of injury
19. UNDERTAKER Leonard In Roman	24. Wes diseese or injury in eny wey releted to occupetion of deceesed?
(Address) 5305 Thanford Box	If so, specify A
20. FILEO Roul / 9 1933 How Butte	(Signed) Villiamot Leiller Clorouts
20. FILEO Registrar.	(Address) Jawan and
TE Untransacted to See B.	NOLC, DIC D. G. C. M.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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STATE OF MARYLA	ND-CERTIFICATE OF DEATHUR Suite
1. PLACE OF DEATH	05881
County Ballmore	Registration Dist. No. 3
Village or City Lock Raver	No. St., Wai
Length of residence in city or town where death occurred	(If death occurred in a hospital or institution, give its NAME instead of street and number) mos
2/ 500 /16	G
2. FULL NAME AT ANY YOUR	as for
(a) Residence: No. 5 // 4) Condition (Usual place of abode	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULA	RS MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, W OR DIVORCED (write Marrie	tha word) 21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of Cory WIFE of Constant of Con	22. I HEREBY CERTIFY, That I attended daceased from
DATE OF PURTY (mostly and	89/
DATE OF BIRTH (month, day, and year)	ESS than to have occurred on the date stated abova, atm.
4/ 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade profession or particular	Que & Married drownld in the Date of one
sawyer, BOOKKEEPER, etc. furchasue	oref gt Lock Ravell and had
kind of work dona, as SPINNER, Junchasuic SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occuration (month and	beggins the water food some
10. Data deceased last worked at 11. Total time (year	s) time Had been springeries
this occupation (month and spent in this occupation	
(State or country)	Other Contributors Causes of impostancy. Sinceide. Ceu-307
13. NAME Harry M Leas	Su.
14. BIRTHPLACE (city or town) Westminuile	Name of operation
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME CMA 8 COT 16. BIRTHPLACE (city or town) Balay (State or country)	23. If death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town) Dally	Accident, suicide, or homicide? Quisiden Date of injury
(State or country)	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT / NUS EMMA 13 NOC (Address) 5-110 Cocael	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL ACAGOAte 6/30	Manner of injury
19. UNDERTAKER Ulliaine Oca (Addipless) 1317 Shanaul S	24. Was disease or injury in any way related to occupation of deceased?
20, FILED June 30, 19 33 to 1, Butty	(Signed) Ut Guster Corones M. Registrar. (Address) Sourcous
	ste Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

30 min 12

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related cause of importance were as follows:	Date of the
Arteriosclerosis	1915	Attack of epilepsy	1 work ago
Chronic interstitial nephritis	1921	Run over by street car	Fweek ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		180	t
Other contributory causes of importance:		Other contributory causes of importance:	7
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH County_ Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where deeth occurred How long in U.S. If of foreign birth? 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX-4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) BINDING 5a. If married, widowed, or divorced HUSBAND of 22. CERTIFY That I ettended deceased from (or) WIFE of 6. DATE OF BIRTH (month, dey, and year) 7. AGE Months than Days FOR 1 day ... __hrs. The PRINCIPAL CAUSE OF DEATH end related causes of Importance min. Date of onset 8. Trade, profession, or particular NO RESERVED kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc ... may back 9. Industry or business in which OCCUPA work was done, as SILK MILL, SAW MILL, BANK, etc.... O. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this that occupation instructions Other Contributory Causes of Importance RGIN 12. BIRTHPLACE (city or town) (State or country) supplied. terms, FATHER See Name of operation. 14. BIRTHPLACE (city or town) in plain (State or country) What test confirmed diagnosis?_____ Was there an au'opsy?____ MOTHER 15. MAIDEN NAME important 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury_____, 19_____ DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?_____ be (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. 17. INFORMANT should OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE mation Neture of injury. LION 24. Was diseese or injury in any way related to occupation of deceased?_ 19 UNDERTARER (Address) If so, specify. 20. FILED ... Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARY CERTIFICATE OF DEATH County Registration Dist. No. (If death occurred in a hospital or instituion, give its NAME instead of aumher) prope MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 8 SEX 4 COLOR OR RACE | 5 SINGLE, 0 MARRIED 0 WIDOWED (Month) (Day) ay OR DIVORCED (Write the word) That I attended the deceased 6 DATE OF BIRTH ha O (Month) (Day) and that death occurred on the date stated above, 7 AGE If LESS than I day .. 7. hrs.yrs......mos......ds.lor.... min. ? 8 OCCUPATION (a) Trade, profession or particular kind of work..... plain (b) General nature of industry business, or establishment in (Duration)yrs.....mos..... which employed or (employer)..... ō Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF (Signed) (Address)...... 11 BIRTHPLACE ENT *State the Disease Causing Death, or, in deaths born Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. PATION OF FATHER (State or country 0 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate ients, or Recent Residents) 13 BIRTHPLACE In the OF MOTHER State.....yrs.....mos. of death yrs. mos. da. 0 (State or country) T Where was disease contracted, 3 of 14 THE ABOVE IS BEST OF MY KNOWLEDGE if not at place of death?... shoi Every item CIANS shot statement Former or usual residence. DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL ADDRESS Filed Begistrar

if more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S.

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the er," etc., business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons enployed, as At *chool or At home. Cure should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Groccry; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an whatever, write None. fired 6 yrs.). For persons who have no occupation (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the cases. especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physicium, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesenpation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Oroup"); Typkoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ment of cause of death approved by Committee on ture of the injury, as fracture of skull, and conse-Nomenclature of the American Medical Association.) Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or State cause for which surgical operation was under-"Puerpenal septicaemia," "Puerpenal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite discase rhage," "Inaultion." "Marasmus," "Old Age." "Shock," "Dropsy," "Exhanstion," "Heart failure." "Haemorvulsions," "Debility" symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia (secondstated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mennges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (secondary or latercurrent) affection need not be (name orlgin; "Cancer" is less definite; avoid Chronic interstitial nephritis, etc. Whooping cough; Chronic valvulur heart disease; FOR VIOLENT DEATHS STATE MEANS OF INJURY ("Congenital," "Senile," etc.), (Recommendations on state-Example: Measles The contributory (disease "Con-

If this certificate is locked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

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ated causes	Date of onset
	1 week ago
	1 week ago
	3 days ago
nce:	
	1 year
	nce:

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-RGIN RESERVED FOR BINDING

STATE OF MARYLANI	D-CERTIFICATE OF DEATH 05885
1. PLACE OF DEATH	(67)
County / Selpinary	Registration Dist. No. 44 4
Village or City Minita Marsh - 1	(If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	mos. ds. How long in U.S. if of foreign birth?
2. FULL NAME /SOBERT . S.	MATHEWS
(a) Residence Ab. Line & Elsus (Usual place plabode).	Helist, 15 Ward. Whate Mush. Mac. 15. Disr. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the wo	
5a. If married, widowed, or dispreed HUSBANO of (or) WIFE of Lola AU Mathie	22. LHEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) August 12, 19	08 (last saw h. in alive on 1. Tulsans); death is sein
7. AGE Years Months Days If LESS t	
24 10 - 1day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Light agent SAWYER, BOOKKEEPER, etc.	It Sucide by fire arm Date of onset
9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc 10. Oate deceased as tworked at this occupation (month and spent in this occupation).	o (Tremsditated)
10. Oate deceased last worked at this occupation (month and year) 11. Total time (years) 12. Spent in this occupation 2.	Mas
12. BIRTHPLACE (city or town) Danbin (State or country)	Other Coutributory Canses of importance:
(State or country) 13. NAME Arthur P. Smathsw	
14. BIRTHPLACE (city or town) Forst Virginia	Name of operation
(State or country)	What test confirmed diagnosis? Was there en eu'opsy?
15. MAIDEN NAME Vruzzha Lyru	23. If death was due to external causes (VIOLENCE) fill in also the following:
o 16. BIRTHPLACE (city or town) What White	Accident, suicide, or homicide? Allies Lete of injury 6/2 1/1933
(State or country)	Where did Injury occur? Whate Marsh, Balto Co ma
17. INFORMANT Mrs. Chola Streth lay (Address) White Marsh, Galta Co.)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Rucell revolver vvvv heart discuss
Place Gambier Olico Date June 30, 19	Nature of Injury That through heart
19. UNDERTAKER John J. Connelly (Address) First md.	24. Was disease or injury In eny way related to occupation of deceased?
20. FILEDJINE 28, 1933 John J. Connel	Cy (Signed) soph HWW Carvine

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-Ward) properly classof certificate tion, give its NAME irstend of street and stated PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH S SINGLE 4 COLOR OR RACE 3 SEX 16 DATE OF DEATH MARRIED. eq 99 may be WIDOWED. OR DIVORCED (Month) (Day) pino I HEREBY CERTIFY, That I tended the deceed 6 DATE OF BIRTH that struction (Month) (Day) (Year' and that death occured on the date stated above, at ... 7 AGE IIf LESS than I day hrs. ds. or min.? ESERV (a) Trade, profession or particular kind of work plai (b) General nature of industry business, or establishment in (Duration) ... which employed or (employer) Contributory 9 BIRTHPLACE MARGIN Secondary (State or country) 10 NAME OF 0 FATHER 10 10 (Address) (A 11 BIRTHPLACE NTS OF FATHER *State the Discase Causing Death, or, in deeths from CAUSI Violent Caus s, state (1) Meens of Injury and (2) whether Accidental, Suicidal or Homicidal. (State or country) 12 MAIDEN NAME 2 18 LENGTH OF RESIDENCE (For liospitals, Institutions, Trans-4 OF MOTHER 00 ients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER State yra mos (State or country) Where was disease contracted, T 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Every CÍAN: statel (Address) 20 UNDER Filed. Registres If more banke are needed, address State Registrat, 16 W. Seratoga St., Belto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilieria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia. Bronchopmeumonia ("Pneumonia");

> (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory" "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinona, Sarcoma, etc., of (name origir; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PJERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Hearn failure," "Hearn failure," "Hearn failure," "Hearn failure," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for inalignant neoplasms); carbolic acid-probably suicide. The nature of the injury, can be ascertained as the cause. Always qualify all causing "death), 29 ds.; Bronchopneumonia (secondary), American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. State cause for which surgical operation was under-"Uraemia, "" "Weakness," etc., when a definite disease (secondary Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train "Atrophy." "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY interstitial nephritis, by Committee on Nomenclature of the or intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory Measles ;

If this certificate is 1 oked over thoroughly and all questions answered in detail, it will prevent further correspondence. At the data is essential and must be obtained before the certificate is permanently filed.

Registrar.

(Address)

BINDING

RESERVED

ARGIN

20. FILED

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EUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year

PHYSICIANS should state RD. Every item of infor-Exact statement of OCCUPA-N. B.—WRITE-PLAINLY, WITH CNFADING INK—THIS IS A PERMANENT REmation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING

V. S. No. 1

PERSONAL AND STATISTICAL PARTICULARS 1. SEX 4. COLOR OR RACE OR HITTIRE OF BIRTH (month, day, and year) 5. I Marke of particular (note) 6. I Marke of particular (note) 6. I Hamingh, widowed, or diverced (a) Residence; including a state of the st	STATE OF MARYLAND-	CERTIFICATE OF DEATH
Village or Gity Langth of residence in city or typin where death occurred. (It death occurred in shophat fet maintained, give a no NAME in feed of steet and number) 2. FULL NAME (2) Residence: No. 2 20 8	1. PLACE OF PEATH	(3)
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Langth of residence in city or figure where death occurred	Village or Oily Coatonsville	
2. FULL NAME (a) Residence: No. 2 2 8 (Unablace of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARKIED, WIDOWED, OR INVOKED Gravine the world) 50. It married, widowed, or divorced HUSBAND of CONTROL OF		
(3) Residence: No. 2 2 8 (Qualplace of abode) (Clust place of abode) (Clot)	9. %	014
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3. SEX 4. COLOR OR RACE OR DIVORCED (warise the word) Fill Date of Color or divorced (Month) 7. AGE	(a) Residence. No.	
The procession, or particular wind of work done, as SPINNER, or min. 8. Frade, profession, or particular wind of work done, as SPINNER, or min. 9. Indigstry or business in which work as done, as SPINNER, or min. 10. Judgetty or business in which work as done, as SPINNER, or min. 10. Judgetty or business in which work as done, as SPINNER, or min. 10. Judgetty or business in which work as done, as SPINNER, or min. 10. Judgetty or business in which work as done, as SPINNER, or min. 10. Judgetty or business in which work as done, as SPINNER, or min. 10. Judgetty or business in which work as done, as SPINNER, or min. 10. Judgetty or business in which work as done, as SPINNER, or min. 10. Judgetty or business in which work as done, as SPINNER, or min. 10. Judgetty or business in which work as done, as SPINNER, or min. 10. Judgetty or business in which work as done, as SPINNER, or min. 10. Judgetty or business in which work as done, as SPINNER, or min. 10. Judgetty or business in which work as done, as SPINNER, or min. 10. Judgetty or business in which work as done, as SPINNER, or min. 10. Judgetty or business in which work as done, as SPINNER, or min. 10. Judgetty or business in which work as done, as SPINNER, or min. 10. Judgetty or business in which work as done, as SPINNER, or in Judgetty or business in which work as done, as SPINNER, or in Judgetty or business in which work as done, as SPINNER, or in Judgetty or business in which work as done, as SPINNER, or in Judgetty or business in which work as done as SPINNER, or in Judgetty or business in which work as done to externel causes (VIOLENCE) fill In elso the following: 10. Judgetty or business in which work as done or injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 10. Judgetty or business in which work as done or injury in any way related to occupation of deceased? 10. Judgetty or business in which was done as SPINNER, or injury in any way related to occupation of deceased? 10. Judgetty or business in which was done as SPINNER, o	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
56. DATE OF BIRTH (month, day, end year) 7. AGE 7. AGE 8. Trade, profession, or particular kind of work done; es SPINNER, ACKERNER, etc. 9. Industry or business in which was done; est SKI MILL, SAN MILLERS, then the work was done; est SKI MILL, ACKERNER, etc. 10. Date General as the worked or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIGEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT CLESS ATTACKED ACKERNER (Address) 18. BIRTHPLACE (city or town) (State or country) 19. Informant Cless Ackerner 19. Date Grant Cless Ackerner 1		June 23 193 3
6. DATE OF BIRTH (month, day, end yeer) 7. AGE Years Months Days If LESS then 1 day, hrs. or min. 8. Trade, profession, or particular SAMYER, BOOKEEPER et e. 10. Jungster, Bookeeper et e. 11. Total time (yeers) Spant in this year) 12. BIRTHPLACE (city or town) (Stete or country) 13. NAME 14. BIRTHPLACE (city or town) (Stete or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT ACADEMA COUNTRY 18. BURIAL, CSEANTIONEDR REMOND 19. Obes of injury 19. Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury 19. UNDERTAKER (Address) 19. Weer did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury 19. UNDERTAKER (Address) 19. Weer did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury 24. Wes disease or injury in any way related to occupation of deceased? Manner of injury 24. Wes disease or injury in any way related to occupation of deceased? Manner of injury 24. Wes disease or injury in any way related to occupation of deceased? M. D. Crited Address) M. D. Crited Address Months	5e. If married, widowed, or divorced	
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TAGE Vears Months Days If LESS then I dey		
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8. Trade, profession, or particular minds and compact of as SPIRINER. However, and some dome as SPIRINER. However, and some	9 9 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
SAWYER, BOOKREPPER, etc. 9. Indiustry or business in which work wes done, as SILK MILL, SAW MILL, BARK, etc. 10. Dible, decessed last worked et this occupation (month and year). Spantin this occupation (month and year). Spantin this occupation (Stete or country) 12. BIRTHPLACE (city or town). (Stete or country) 13. NAME 14. BIRTHPLACE (city or town). (Stete or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town). (State or country) 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT 18. BURIAL, GREMATIONER RENVIAL Place 18. BURIAL, GREMATIONER RENVIAL Place 19. UNDERTAKER (Address) 24. Wes disease or injury in any way related to occupation of deceased? (Signed). ACC 1. (AC) M. D.	8 Trade profession or particular	Date of onset
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Other Contributory Causes of importance: 12. BIRTHPLACE (city or town)	9. Industry or business in which work wes done, as SILK MILL, SAW MILL BANK etc.	Chr Endocardates 6day
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Whet test confirmed diagnosis? Was there en europsy? 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATIONOR RENOVAL Place (Address) 19. UNDERTAKER (Address) 20. FILED 20. FILED 10. MAIOEN NAME Whet test confirmed diagnosis? Was there en europsy? 22. If death wes due to externel causes (VIOLENCE) fill In elso the following: Accident, suicide, or homicide? Date of injury (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTAKER (Signed) 16. Signed) Whet test confirmed diagnosis? Was there en europsy? Accident, suicide, or homicide? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or injury oc		Chi one reparetos day
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15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATIONER REMOVAL Place (Address) 19. UNDERTAKER (Address) 20. FILED 21. If death wes due to externel causes (VIOLENCE) fill In elso the following: Accident, suicide, or homicide? 22. If death wes due to externel causes (VIOLENCE) fill In elso the following: Accident, suicide, or homicide? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Signed) 10. Specify (Signed) 11. NATORE (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or tow	(Stete or country)	
Where did injury occurr. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, (Address) 2 0 8 W notate 18. BURIAL, CREMATIONOR REMOVAL Place Description Date Flower 2 1, 1933 Manner of injury Nature of injury 24. Wes disease or injury in any way related to occupation of deceased? (Address) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
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Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 2	State or country)	
18. BURIAL, CREMATION REMOVAL Place The Company of the Property of the Company of	man to	(Specify city or town, county and State)
Place Bollo Garden Date Frank 2 1,1933 Nature of injury 19. UNDERTAKEN Many Garden States of injury in any way related to occupation of deceased? Lo. (Address) 117 John Many Many Flatter (Signed) Doct Compared M.D. (Signed) Doct Compared M.D.		
19. UNDERTAKER 1/1 24. Wes disease or injury in any way related to occupation of deceased? 10. (Address) 1/1 3/3 4/0 Legislance (Signed) 28-4. E. Jamest M. D.	18. BURIAL, CREMATION OF REMOVAL	Manner of injury
(Address) 1217 Stray Stray (Signed) USE Garett M.D.	Place Dete June 1, 1933	Nature of injury
(Address) 117 Attack Stally If so, specify (Signed) (Signed) M.D.	19. UNDERTAKEN U/M LASOVA LASA	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED 7 - 19.00 27 10 10 10 10 10 10 10 10 10 10 10 10 10		If so, specify
Aller Registrar. (Address)		011000
If more blanks are needed, waaress State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	and the same of th	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Exprape I	M. Andrews	Example II	
The principal cause of death and related causes of importance were as allows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitia nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory taus of importance:	May 1,1923	Other contributory causes of importance:	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH #5889
1. PLACE OF DEATH ,	(60-7)
County Dallunge	Registration Dist. No. 130
Village or City Cella	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME JULY of JOKU W, Y /	ren. Myers.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR LACE 5. SINGLE MARRIED, WIDOWED, OR DAVORCED (write Me word)	21. DATE OF DEATH June 28 193 3
5a, If married, widowad, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY That i attended deceasad from
0 2 6 1653	1923, to 1933
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If LESS than	Plast saw h alive on 1933; death is said
1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows: Date of onset
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	alelactates Grom
9. Industry or business in which work was dona, es SILK MILL, SAW MILL, BANK, etc.	Cowhression &
SAW MILL, BANK, etc. 10. Date dacaasad last workad at this occupation (month and yoar) yoar) 11. Total time (yaars) spent in this occupation	30 menut
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance;
(State or country)	
II 13. NAME John W. / My les	
13. NAME John W. My es	Name of operation Date of
(Style or country)	Whet test confirmed diagnosis? Was there an au'opsy?
16. BIRTHPLACE (city or town)	If death was due to axternal causas (VIDLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State of equnity)	Accident, suicida, or homicida?
106 11 11 11 11 11 11 11 11 11 11 11 11 11	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL Cheerly Clean	Mannar of Injury
Date June 29,19 3	Neture of injury
19. UNDERTAKER Easton Hous (Addrass) Ellicand	24. Was diseese or injury in any way ralated 10 occupation of deceasad?
20. FILED 6/29/33, 19. 240/	(Signed) M. D.
If more blanks are needed address State Projector	(Address) A Challes Serve Believe Brown 20 C N

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Ccrebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1928	Gastroenteritis	1 year
1387 7	1		
The Marie Way	/		

N. B. WRITE PLAINLY, WITH UNFADING INK THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. RGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05890
0 01	95-8
County 60 hors	Registration Dist. No.
Village or City James 3/2 has	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred	sds. How long in U. S. If of foreign birth?yrs
2. FULL NAME roleling No	
(a) Residence: No. 3 Love Paint R	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCIF MARRIED WINDWED	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
50 16 maried with the little of the laws of	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY. That i attended deceased from
Jeny Jeap	May 5 ,19 33, to June 18 19 33
6. DATE OF BIRTH (month, day, and year)	i last saw h at alive on June 17, 19 53; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2.200 m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of onset
SAWYER, BOOKKEEPER, etc.	sense chases
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.	
11. Total time (years)	
this occupation (month end 1922 spant In this occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	Aman
I 13. NAME Unalow to assistain	
14. BIRTHPLACE (city or town)	Name of operation.
(State or country)	What test confirmed diagnosis? West there en autopsy?
15. MAIDEN NAME Elywhold Near	23. If death was due to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME Or what Near County	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Alley head	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATADA, OR REMOVAL	
Place To youry on the me 20 and 33	Manner of injury
A Della Williams	Nature of injury
19. UNDERTAKEN GIVE TO CHASE TONE (Address) 638. M. Jelmon St.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 4/3.3., 19. / Mearine	(Signed) T. D. Ring, M. D.
If more blanks are moded address See, P	(Address) 1911 It at spareous 97. As
- June vientes are necueu, auuress State Kegistrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	100
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	The second second	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	itis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	STIREAU V.S	July 5,1927	Peritonitis	3 days ago
	BURE.			
Other contributory can	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				1

V. S. No. 1

1. PLACE OF DEATH	130
County Balfo.	Registration Dist. No.
Village or City Wood Rawn	No. Old Court Road St War
	If death occurred in a hospital or institution, give its NAME instead of street and number) a
2. FULL NAME Friz denicka Mieu	lail
(a) Residence: No. Old Court Road (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Essex 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Year) (Year)
e. J i married , widowad, or divorce d	(month) (bey) (teal)
(or) WIFE of Charles Kieman	22. I HEREBY CERTIFY, That I ettended deceesed from
Q1 1-1 10-	June 2 ,1933, to June 23, 193
DATE OF BIRTH (month, day, end yeer) Fel 15 872 AGE Years Months Days If LESS then	Hast saw har alive on 22, 19.33; death is sa to heve occurred on the data stated abova, at 324 m.
6 1 dey,hrs	
1 / 1 - 101111110	were as follows: Date of one
8. Trada, profession, or particuler kind of work done, es SPINNER, Trades Wife, BOOKKEPER, etc.	Com. Tapanio
9. Industry or business in which	
9. Industry or business in which work was done, as SILK MILL, Cept Trong & SAW MILL, BANK, etc	
kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
yaar) occupation occupation	Other Contributory Causes of importence:
2. BIRTHPLACE (city or town)	
(Steta or country) Sermany	Cor Mysiardilis.
13. NAME albest F. Exensemail	0
13. NAME CLEST F. Trengemaie 14. BIRTHPLACE (city or town)	Name of operation
(State or country) Fermany	What test confirmed diegnosial Was there an eulopsy?
15. MAIDEN NAME Kuowa	23. If death wes due to externel causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Deta of injury
(State or country) Emacuel	Where did injury occur?
7. INFORMANT Max W. Mizumane (Address) Woodlawn Md	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL PIECE Wood Lawn Data Van 2 26 79 3	Manner of Injury
9. UNDERTAKER WM Pools (Address) (2/7 St Page ST	24. Was disease or country in any way related to occupation of deceesed?
10. FILED une 23, 19 38 M. n. Buffer Registrar.	(Signed) 700 n-Fuller of north (Address) Galleron med

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death, As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones 81 818	May 1,1923	Gastroenteritis	1 year
THE MAN INC.			

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. tated EXACTL roperly classif certificate. (If death occurred in Ward) a hospital or institu-tion, give its NAME is stead of street and **2FULL NAME** number.) PERSONAL AND STATISTICAL PARTIQUEARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH OR DIVORCE (Write the word) (Month) (Day) (Year) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Day) and that death occurred on the date stated above, at 3.30 Am. 7 AGE If LESS than I day hrs. The CAUSE OF DEATH * was as follows: 10 m6s/ 2:0 ds. or min.? ESERVE 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry ā business, or establishment in which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) 10 NAME OF (Signed). M. D. FATHER 11 BIRTHPLACE OF FATHER ENT *State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and deaths from CAU AC (State or country Accidental, Suicidal or Homicidal. 12 MAIDEN NAM OF MOTHER IR LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate CCUP/ icnts or Recent Residents) 13 BIRTHPLACE At place of deathyrs......mos......ds. In the OF MOTHER State.....yrs.....mos.... (State or Country) O Where was disease contracted, if not at place of dea.h?.. Former or usuel residence (Informant) 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL EVOLY (Address ED UNBERTAKER ADDRESS Registrar If more bienks are needed, addes tate Registrat, 16 W. Saratoga St., Belto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewije, House-Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planler, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, whatever, write None. or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> tions, such as "Asthenia," "Anaemia" (merely symptom-"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-(secondary or intercurrent) American Medical Association.) FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic valvular heart disease; Example: Measles (disease affection need not be etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Exact statement of OCCUPA-

stated EXACTLY.

should be

AGE

IS A PERMANENT RECORD. Every item of infor-

N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS

mation should be carefully supplied.

CAUSE OF DEATH in plain terms, so that it may

County	Bablesse	~	Registration Dist. No. 3 3	5
Village or Ci	ty Borne	9	No. St.,St. St. St.	War
Length of resid	lence in city or town where o	eath occurredyrsmos	t death occurred in a hospital or institution, give its NAME instead of street and n	umber) s
2. FULL NAM	10	a lieras besthe	20 0	
(a) Residence	e: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERSON	AL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)			21. DATE OF DEATH (Month) (Day)	193 <u>3</u> (Year)
5a. If married, widowe HU3BAND of (or) WIFE of	ed, or divorced		22. I HEREBY CERTIFY, That i attended of	1000
6. DATE OF BIRTH (month, day, and year)	Boon dead	1 last saw h alive on	
7. AGE Year	Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years) this occupation (mosth and		[were as follows:	Date of ons
Cilia occup	SAW MILL, BANK, etc			
12. BIRTHPLACE (city or town) for all (State or country)		· · · · · · · · · · · · · · · · · · ·	Dther Contributory Canses of Importance:	
	Fisher Ost	om		
14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME EThel Transhell 16. BIRTHPLACE (city or town) (State or country)		ک	Neme of operation	
		marshall	What test confirmed diagnosis?	
)uk.	Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFORMANT (Address)			(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, DR REMOVAL Place		Date, 19	Manner of injury	
19. UNOERTAKER (Address)			24. Wes disease or injury in any wey releted to occupation of deceesed? If so, specify	

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1	

IN, WITH UNFADING' INK-THIS IS A PERMANENT RECORD, Every item of info	carefully supplied. AGE should be stated EXACTLY. PHYSICIAMS should star	H in plain terms, so that it may be properly classified. Exact statement of OCCUP.	TION is very important. See instructions on back of certificate.
VRITE PLAINLY, WITH	ition should be carefully s	AUSE OF DEATH in plain	ON is very important. Se
	-WRITE PLAINLY, WITH UNFADING' INK-THIS IS A PERMANENT RECORD. Every item of info	-WRITE PLAINLY, WITH UNFADING'INK-THIS IS A PERMANENT RECORD Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	-WRITE PLAINLY, WITH UNFADING'INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

N. B.-WRITE

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(31)
County 2 12	Registration Dist. No. 37
Village or City (If	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 22 yrs	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME James J. M. Dard	se
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced	
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from 19,33, to 19,33
6. DATE OF BIRTH (month, day, and year) 444 - 79 1859	I last saw harm alive on James 2, 1933; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
14 4 5 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	
SAWYER, BOOKKEEPER, etc.	musua.
work was done, es SILK MILL, SAW MILL, BANK, etc.	a la Carriera
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked of this occupation (month and spent in this spent in this	over see or
year) occupation Spatt III this 5-5	Other County and Count
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country)	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	
14. BIRTHPLACE (city or town)	Name of operation
(State of County)	What test confirmed diagnosis? Was there an autopsy?
H 15. MAIDEN NAME	23. If death was due to external ceuses (VIOLENCE) fill In also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did Injury 'occur?(Specify city or town, county and State)
17, INFORMANT (Address)	Specify whether injury occurred In INDÚSTRY, in HOME, or In PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Dete June 4, 1933	Nature of Injury
19. UNDERTAKER Was C B wiln 1	24. Wes disease or Injury in eny wey related to occupation of deceased?
20. FILED June 4, 1933 William John Cool	(Signed) B Benson M. D. (Address) Cuebussulty Wod
· · · · · · · · · · · · · · · · · · ·	2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance.		Other contributory causes of importance:	
Gallstones 7 0 (5)	May 1,1923	Gastroenteritis	1 year
1 1 1 P			

should state Exact statement of OCCUPA. A PERMANENT RECORD Every item of infor-PHYSICIANS stated EXACTLY. properly classified. BINDING TION is very important. See instructions on back of certificate. FOR UNFADING INK-THIS IS ARGIN RESERVED AGE should be be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. -WRITE PLAINLY, WITH

V. S. No. 1 N. B.—

STATE OF MARYLAND	CERTIFICATE OF DEATH (1989)
1. PLACE OF DEATH	(23)
County Baltimore	Registration Dist. No.
	No. St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U. S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Mary Bollo, P.	0100
(a) Residence: No. Glence (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Manuel	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — Howard J. Reace	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) April 77, 1866 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 10. 0 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) 12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country) X	Name of operation. Date of
15. MAIDEN NAME Elizabeth Slade 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Devard Bearee	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(Address) 18. BURIAL, CREMATION OR REMOVAL) Place St James Date June 75, 1933	Manner of injury
19. UNDERTAKER (Address) Sparls mal	24. Was disease or injury In any way related to occupation of deceased? 22
20. FILED Line 23, 1933 Registrar. If more blanks are needed, address State Registrar.	(Address) Lakes One

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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ii	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

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Exam	ple I		Example II		
The principal cause of death a of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhuge	OFATIVES.	July 5,1927	Perilonitis	3 days ago	
Other contributory causes of	importance:		Other contributory causes of importance:	. ,	
Gallstones		May 1,1923	Gastroenteritis	1 year	

0	ery item of infor-	NS should state	ent of OCCUPA-	
ARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCIPA-	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. B.—WRITE PLAINLY, V	mation should be caref	CAUSE OF DEATH in	TION is very importan

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County Dantott Balling or	Registration Dist. No.
Village or City Oreadia (Refuerco GO.)	No. St. Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurred	s. ds. How long In U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME William Holm	er ticholds
(a) Residence: No. Defecter & O. acada	Sheet. Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
m. COLOR OR RACE S. SINGLE, MARKED, WIDOWAD, OR DIVORCED (write the word)	June 9 1938
	(Month) (May) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of awanda 6. Boose	april 25 ,1933 , to June 9 , 1933
6. DATE OF BIRTH (month, dey, and yeer) Sefet 6 - 1854.	I last saw h alive on . June 876 , 1933 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3.30m.
78 9 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular	Carcinoma of Prostalet flader 1930
kind of work done, as SPINNER, Retired Block Smith	7
9. Industry or business in which work was done, as SILK MILL,	
kind of work done, as SPINNER, Returned Block Shull SAWYER, BOOKKEEPER, etc. Returned Shull Shul	
this occupation (month and spant in this so year)	L
12. BIRTHPLACE (city or town) Carroll Co. Ind.	Other Contributory, Charges of importance:
12. BIRTHPLACE (city or town) LUANION LUB. (State or country)	from Saelf Cathelerization
13. NAME Storage Pialingle	+ Consollin
14. BIRTHPLACE (city of town) Carroll Co. Mid.	Name of operation XXX Date of XXX
(State or country)	What test confirmed diagnosis? XXX Was there en autopsy? 270
15. MAIDEN NAME Susan Stick	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Corroll Co. Ind.	Accident, suicide, or homicide? Dato of injury, 19
State or country)	Where did Injury occur?
17. INFORMANT Mrs Bossie Tracay (danohter)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Upperco Md,	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Hamfattead Date June 11 1933	Nature of injury
19. UNDERTAKER Edw. C. Sipstone	24. Was disease or injury in ony wey related to occupation of deceasod?
(Address) Hampslead	If so, specify
20. FILED 6-9 1933 C. E. Fourth m. 20	(Signed) Lyril & Forthe M. D
Iveal Registrar.	(Address) Differso, med.
If more blanks are needed, address State Registrar	2411 N Charles Street Baltimore Requesting 7) S. No. 1

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Example, I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

For authority to	cliance	Court	al o	lotte
7.161	215 158	7		THE C
funder fourte	413/33			

should state Exact statement of OCCUPAitem of infor-PHYSICIANS UNFADING INK-THIS IS A PERMANENT RECORD. Every AGE should be stated EXACTLY. properly classified. RGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. -WRITE PLAINLY, WITH V. S. No. 1 N. B.-

f		ST	ATE (OF MAR	RYLAND-	CERTIFICATE OF DEATH 0582	8	
1	PLACE OF	F DEATH	1			93		
	County	Bal	Ltimor	e 0	ounty.	Registration Dist. No.		
	Village or Ci	ity Dr	ndalk		ld.	Np. St.	Ward	
					(H	death occurred in a hospital or institution, give its NAME instead of street and number	er)	
					yrsmos	ds. How long in U.S. if of foreign birth?yrsmos	ds.	
2	. FULL NAI							
	(a) Resident	ce: NoI	Plainf	ield. A	ce of abode) Balt	imore Mare If nonresident give city or town and State		
	PERSON	AL AND	STATIST	ICAL PAR		1MOTO MEDICAL CERTIFICATE OF DEATH		
3. S		4. COLOR		S. SINGLE, MA	ARRIED, WIDOWED,	21. DATE OF DEATH A		
1	lale	White		OR DIVOR	ED (write the word)	June 8 h , 193	3	
	If married, widow HUSBAND of						Year)	
	(or) WIFE of I	Rose.	Rodo	wsky.		22. I HEREBY CERTIFY, That I attended decea	sed from	
				18-01		January 274, 1933, to June 8 4, 1	ي کي يو	
-	GE 1 / Year		nd year) Months	1873	I I I FOC AL-	I last saw h lalive on 1933; dea	th is said	
1. 8	38	12	Months	Days	If LESS than I day,hrs.	to have occurred on the date stated above, at		
-	8. Trade, profes	eion or narti	-		ormin.	were as follows:	e of onset	
NO	kind of w	ork done, as BOOKKEEPE	SPINNER.	Labor		Interculosi pulmanum D	ec. 193	
OCCUPATION	9. Industry or 1	business in w	hich					
ວິ	SAW MIL	done, as SIL L, BANK, etc.	K MILL,					
Ö	10. Date decease	ed last worker pation (month			time (years) pent in this			
			14		coupation	Dther Contributory Causes of importance:		
12.	BIRTHPLACE (cit	y or town)	Baltim	ore		Cities Conditionally Canada of Importance.		
~	(State or coun			Md				
H	13. NAME St		-					
FATHER	14. BIRTHPLACE) Ger	many		Name of operation		
-	(State or		- TO-			What test confirmed diagnosis?	1220	
MOTHER	15. MAIDEN NAM				COWSKA	23. If death was due to external causes (VIOL ENCE) fill in also the following:		
ο V	16. BIRTHPLACE (State or)Ger	many		Accident, suicide, or homicide? Date of injury,	19	
			'D 3			Where did injury occur? (Specify city or town, county and State)		
17.	NFORMANT PI	hilip,	Rodo	WSKY		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18.	(Address) P*	DN. DR REM	IONAL H	Wers	indalk	Manage of Latinus		
	Place Sa	cred l	Heart.	of Jur	e.12/1933	Manner of Injury		
	J	ohn I	Dude			Nature of injury	~	
19. UNDERTAKER John J Duda (Address) 2811 Hudson St			n St		24. Was disease or injury in any way related to occupation of deceased?	d		
	-		Ch			(Signed) Quarkeling	M. D.	
20.	FILED COTO	₹15°, 19.	117	Woods;	11 - Rain	(Addrage) A 2 1 2 le Mas	Q M. D.	

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			*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		19 3: 31	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY PHYSIC	IANA
				STATEMENTS		15

ARGIN RESERVED FOR BINDING

TATE OF MARYLAND—CERTIFICATE OF DEATH	05899
TH	30

1. PLACE OF DEATH	4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		<u>(8)</u>		20	
County Ballin	w.			Registration Dist.	No. 99	
Village or City Plant	evin		No.		St.,	Ward
Length of residence In city or town where	death coursed		f death occurred in a horpital or instit			
00	dadii occuirad	10 1		or toroign birth:	yrs	03.
2. FULL NAME (Y) Dru	n and	lelam	o viay no	L		
(a) Residence: No.	(Usual place of	of abode)	St., Ward.		ity or town and State	
PERSONAL AND STATIST	ICAL PARTIC	CULARS		ERTIFICATE OF	DEATH	
3. SEX 4. COLOR OR RACE		RIED, W100WED, (write the word)	21. DATE OF DEATH	(Month)	/3 , 199 (Y	(ear)
5a. If married, widowed, or divorced HUSBANO of	•		20	V 0 = D = 1 = V =		
(or) WIFE of	yer .		22. I HEREB	Y CERTIFY, T	hat I attended dacease	
6. DATE OF BIRTH (month, day, and year)	13-	1922	I last saw halive on	ll Dr		h is said
7. AGE Years Months	Days	If LESS than	to have occurred on the data stat	ted ebove, at 1015		
5 hll Bons		1 day,hrs.	The PRINCIPAL CAUSE OF DEA			
8. Trade, profession, or particular		i or	were as rollows.	(2)	Oate	of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Non	1	JUL -	www		
Industry or businass in which work was done, as SILK MILL,						
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total ti	ma (veera)	-			
this occupetion (month and	span	nt in this		**********		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		7	Other Coutributary Causes of imp	portenca:	-	
12. BIRTHPLACE (city or town)	CANAL DA	N				
	Yrina	Lota				
E	9 11 09 1	-00-0		1711		
14. BIRTHPLACE (city or town)	TV NAX	and	Name of operation		Oate of	
	i 9. Er'c	harlin	What test confirmed diagnosis?		. Was there an autopsy	I
I	, , ,	7	Accident, suicide, or homicida?	4	•	10
2 16. BIRTHPLACE (city or town) (State or country)	NV X		Whera did injury occur?	oate (, mjuly, 1	· · · · · · ·
Man la	5 B R 1	yslow	Specify whether injury occurred	(Specify city or town, in INDUSTRY, in HOME, e		
17. INFORMANT (Address)	, venu	md			ODZIO I ENOC	
18. BURIAL, CREMATION, OR REMOVAL	1	1 -	Menner of injury			
Plece trus annul Cemetry	Date Less	e14,1955	Nature of injury			
10 HNOEDTAKED W	Branch	es e ala	24. Was disease or injury in eny	way related to occupation	of deceased?	
19. UNOERTAKER (Address)	is ma	Wer Down	If so, specify	0		
20 EUFO Gene a 1. 22 =	2	B430	(Signed)	(I seam	n h	M. D
20. FILEO 3	dos	Registrar.	(Address)	rekenson	Ald M	d

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsu 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroen teritis 1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSIC	CIAN
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should state of OCCUPA.

1. PLACE OF DEATH

STATE OF MARYLAND—CERTIFICATE OF DEATH

1.	ps	0	1	a
0	0	3	U.	1

County	Baltimore			20	7
1 /	city Mt. Wils	ດກ		Mt. Wilson Branch, Md. 2	
1			3 0	Mt. WISON Branch, Md. No. Tuberculosis Sanatoriumst., f death occurred in a hospital or institution, give its NAME instead of street an	d number)
Length of re	sidence in city or town where o	onth occurred	yrsQmo:	s. 22_ds. How long in U.S. if of foreign birth?yrs	mosds.
2. FULL NA			ffer		
(a) Reside	ence: No. 580 W.	Univers (Usualplace		Wayst., Ward. Baltimore, Md If nonresident give city or town a	
PERSO	NAL AND STATIST	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Female	4. COLOR OR RACE White	OR DIVORCE	RRIED, WIDOWED, ED (write the word) dowed	21. DATE OF DEATH June 28th,	, 1933.
5a. If married, wido HUSBAND of	wed, or divorced				(fear)
(or) WIFE of	Howard	G. Scha	effer	22. I HEREBY CERTIFY, That I attended to October 6th 1931 to June 28	
	To		244 1005	7 004)-	7
	(month, day, and year) Ja:	Days	If LESS than	to have occurred on the date stated above, et 2: 30P m.	22; death is seld
	38 5	16	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
9 Trade prof		10	ormin.	were as follows:	Date of onset
NOTE OF SAWYE 9. Industry or work w SAW M 10. Date decee		Stenogr		Pulmonary Tuberculosis	1927
9. Industry or	business in which UII	ice of	Automob-	- I dimonding I door out of the	1721
SAW M	es done, es SILK MILL, ile	Commis	sioner	-	
	sed last worked at eb.1	928 ^{11. Total}	time (years) Un- ent in thiknown upation		
12. BIRTHPLACE (d	Baltin	more		Dther Centributery Causes of importance:	
(State or con		and		Toxic Myocarditis	June
13. NAME	Alonza S. Vai	nDanike	r		1933
13. NAME	E (city or town) Balti	more		Name of operation Thoracoplasty Date of	Feb. 193
(State o	or country) Maryl	and		What test confirmed diagnosis? X-ray and was there as	
15. MAIDEN N.	AME Mary R.	Daley		23. In death was due to externar causes (VIOLENCE) fill in also the following	n sputu
16. BIRTHPLAC	E (city or town) Balt	imo re	11320 =	Accident, suicide, or homicide? Date of injury	
∑ (State o	r country) Mary	and	,	Where did injury occur?	
17. INFORMANT (Addrass)	Nouis No St.	huerhe	ly	(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC F	tate) PLACE.
18. BURIAL, CREMA	TON, DR REMOVAL	, ,	0	Manner of injury	
Plan	ondon Jarli	Date	me,30,1933	Natura of Injury	
19. UNDERTAKER	War Tick	negli-f	ans	24. Was disease or injury in any way related to occupation of deceased?	No
(Address)	1 non	It + or	4	If so, specify	/
20. FILE June	30 1933 10	r W.	I Nupo	(Signed) to hul (Shueth	M. D.
			Registrar.	(Address) Mt. Wilson, Md.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

REVISED UNITED ERTIFICATE OF DEATH STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Furmer (restate occupation at beginning of illness. If retired from whatever, write None, tired 6 yrs.). For persons who have no occupation or given up on account of the disease causing death, Housemoid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; tion applies to each and every person, irrespective of cupation is very Important, so that the relative healthto report specifically the occupations of persons enwork, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e. g., Furmer or Planter (a) Foremun, (b) Automobile factory. sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotice engineer fulness of various pursuits can be known. Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as The material The ques

Lobar pneumonia, Bronchopneumonia ("Pneumonia," ed term for the same disease. Examples: Carcbrospinal Typhoid forer (never report "Typhoid pnenmenia"); spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS

> unqualified, is indefinite); Tuberculosis of lungs, men Nomenclature of the American Medical Association.) ment of cause of death approved by Committee ou head of "contributory." (Recommendations on stateuse of "Tumor" for malignant neoplasms); Mcastes, inges, peritonucum, etc., Carcinoma, Sarcoma, etc., of quences (e. g., sepsis, tetunus) may be stated under the ture of the injury, as fracture of skull, and conse as probably such, if impossible to determine definitely "Puerperal septicuemia,""Puerperal peritonitis," diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia(name orlgiu; "Cancer" is less definite; avoid Poisoned by carbolic acid-probably suicide. The na train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway and qualify as accidental, suicidal, or Homicidal, or State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease "Dropsy," "Exhaustion." "Heart failure," "Haemorvulsious," stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.) Chronic valvular, heart disease; Example: Measles (second-(disease



pluoi BINDING RESERVED RGIN

1. PLACE OF DEATH Baltimore County. Registration Dist. No. Towson Central Ave. Village or City (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where deeth occurred_ _yrs_____ds. How long in U. S. if of foreign birth? _____ yrs_____ mos____ds. SCHANNEL JENNIE AMELIA 2. FULL NAME 403 Central Ave. Towson st. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) June 5th Temale White Widowed (Month) (Yeer) 5e. If merried, widowed, or divorced HUSBAND of Christian J. Schammel (or) WIFE of Mar. 6, 1883 6. DATE OF BIRTH (month, dey, and year) to heve occurred on the date stated above, at 7, 45 A.m. 7. AGE Yeers Months Deys If LESS then 50 I dey, hrs. 29 The PRINCIPAL CAUSE OF DEATH end releted ceuse's of importence or____min. Date of onset 8. Trade, profession, or perticuler OCCUPATION kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, atc..... back 10. Date deceesed lest worked at 11. Totel time (yeers) this occupation (month end spent in this occupetion Baltimore 12. BIRTHPLACE (city or town) Maryland (State or country) supplied William Seidler FATHER George 13. NAME See 14. BIRTHPLACE (city or town). Neme of oberation. plain Germany (Stete or country) Whet test confirmed diegnosis? carefully HER 15. MAIDEN NAME Sophia Ide 23. If deeth was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? DEATH 16. BIRTHPLACE (city or town) __ Germany (Stete or country) Where did injury occur?__ be (Specify city or town, county and State) Miss Minnie Seidler Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT ... should Central Ave. Towson (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Menner of Injury _ CAUSE June nation LION Nature of injury. 24. Was diseese or injury in any way related to occupetion of deceesed?__ Broadway. If so, specify Registrar. (Address) _ J If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 14

STATE OF MARYLAND—CERTIFICATE OF DEATH (15903

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example, I	il il	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance.	8	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

N. B.

19. UNDERTAKER

(Address)

STATE OF MARYLAND-	-CERTIFICATE OF DEATH U5904
1. PLACE OF DEATH	93-6
County Baltinote	Registration Dist. No.
	No. Aprine Love Host Take, Ward
	If death occurred in a hospital of institution, give its NAME (natead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth? 50 yrs. mos. ds.
2. FULL NAME Rosa L Schlec	Kenmaner
	St, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH) (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. July 17 1912, to June 2 3 1923
6. DATE OF BIRTH (month, day, and year)	I last saw how alive on June 23, 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at 7
71 ? 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, Al Home SAW MILL, BANK, etc 11. Total time (years) this occupation (month and spent in this	chr. Myocarditis 12/2
this occupation (month and year) 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	4
2	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	aAcro-Schrosis - 120
II 13. NAME LENKY OVY	- UNANIO-30016365
14. BIRTHPLACE (city or town)	Name of operation Dete of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME WAKENOWN 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIDLENCE) fill in also the following:
16, BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury19
17. INFORMANT Mrs Doroth Lookingland (Address) 623 N. Decker are	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OB REMOVAL	Manner of injury
Place tres lem le Date / 260, 1920	Nature of injury

Registrar. If more blanks are negled, address Sate Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Nature of injury

If so, specify

24. Was disease or injury in eny way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No.

M

20. FILED.

(Address) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Signed).

(Day)

(Yeer)

Date of onset

Wes there an autopsy?_____

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	JUL 3 1000	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	17 75	July 5,1927	Peritonitis	3 days ago	
	ا مدا د ا				
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

PLACE OF DEATH		STATE OF I	MARYLAND996
County Haltimore		CERTIFICATE	
County W W M	4	(34)	n Dist. No.
Village or City Juny Hands	no talls	Kon St; Ward)	(If death accurred to
2 FULL NAME	CAL PARTICULARS	MEDICAL CERTIFICA	TE OF DEATH
	SINGLE, MARRIED, Jungle WIDOWED SUNGLE (Write the word)	16 DATE OF DEATH JANG	24, 1983 (Day) (Year)
6 DATE OF BIRTH		17 HEREBY CERTIFY, That	attended deceased from
Vine	24 1933	that I last saw blan, alive on	my 24/245 1903
TAGE 1 4 1/2 A	If LESS than 1 day,hrs.	and that death occurred on the dat The CAUSE OF DEATH * was as fo	te stated above, at 9/1/2.
(a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) BIPTHPLACE (State or country)	Au Az l	Gestation (Burell Secondary	Just 6 /4 min
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	Sertt	(Signed) Muany (Signed) Muany The Total (Address) The State the Disease Causing Death Causes, state (1) Means of Injury;	M. O.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	in Johnson	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPIT OR RECENT RESIDENTS) At place of deathyrs	O all mine
(informant) Elyzabeth	of My KNOWLEDGE	Where was disease contracted, if not all place of deeth?	DATE OF BURIAL
(Andress) Bare Hees	and washingto	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
16 Filed June 26 193 Mu	. F. Culler REGISTRAR	20 UNDERTAKER Mrs. Livye H. Her	Mad 1631 Duit
If more blanks ar	needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S.	No. 1.

Ff ill

[Approved by U. S. Census and American Public Health
Association.

business, that fact may be indicated thus: Farmer (retirea state occupation at beginning of illness. or given up on account of the disease causing death Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook employed, us At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. -Coal mine, etc. Statement of Occupation-Precise statement of occupathe second statement. to report specifically the occupations of persons For persons who have no occupation whatever various pursuits can be known. The question very important, so that the relative healthful-The material worked on may form part Women at home, who are engaged in Never return If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) or statement of cause of death approved by Committee under the head of "Contributory." and consequences (c. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-hamicide; Poisoned by SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths to determine definitely. Examples: Accidental drawning; "PUERPERAL peritonitis," etc. State cause for which birth or misearriage as "PUERPERAL septichuemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "H: emorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Ura mia," "Weakness," genital," "Anaemia" (inerely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. cough; Chronic vulvular heart disease; Chronic interstitial Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of. rent) affection need not be stated unless (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver wound "Senile," etc.), "Dropsy," The contributory (secondary or intercurcarbolic acid—probably Never report mere (Recommendations "Atrophy," "Exhaustion," ACCIDENTAL, important. ("Con-

If the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05907

)	1. PLACE OF	F DEATH				(23)	
	County	Baltimore				Registration Dist. No. 32	
	Village or Ci	ity Mt. Wi	lsor	1		Mt. Wilson Branch Md. 24 Noruberculosis Sanatorium st.	Ward
	Length of resid	dence In city or town w	here death	occurred	L vrs 7 mos	death occurred in a hospital or institution, give its NAME instead of street and in 29 ds. How long in U.S. if of foreign birth?	number)
	2. FULL NAM		T.,	Shiple	ev		31
	(a) Residence	ce: No. 2918- Glenmore Av	Bri-e	hton-	Street	St., Ward. Baltimore, -Macaton	State
ALIEU .	PERSON	AL AND STAT	STICA	L PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
	Male	4. color or race White		OR DIVORCED	RIED, WIDOWED, O (write the word) ried	21. DATE OF DEATH June 5th, (Month) (Day)	, 193.3 (Year)
5a	. If married, widowe HUSBAND of (or) WIFE of	ed, or divorced Mar	у С.	Ship	Ley	22. 1 HEREBY CERTIFY, That I attended October 7th, 1931 to June 5th,	deceased from
6.	DATE OF BIRTH (month, day, and year)	May	29th,	1866	last saw him elive on June 5th, 19 33	
	AGE Year	s Month		Deys	If LESS than	to heve occurred on the date stated above, at 3.55 Pm.	
	6	7 0		7	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importence were as follows:	Date of onset
OCCUPATION	9. Industry or b work was SAW MILL 10. Date decease	sion, or particuler ork done, as SPINNER BOOKKEEPER, etc ousiness in which done, as SILK MILL, BANK, etc d lest worked et ation (month and	Loco	motive stat:	e-3 yrs. ionary.) ne (years) tin this Un- pation known	Pulmonary tuberculosis	May 1931
12	. BIRTHPLACE (cit)					Other Contributory Causes of importence:	
R		orge W. S				Notice	
FATHER	14. BIRTHPLACE	(city or town) Un	know ryla	m		Name of operation NQ Operation Date of What test confirmed diagnosis? X-ray, and Was there an a	NO
ER	15. MAIDEN NAM	ME Anna Ha	lden	nan		The state of the s	sputu
MOTHER	16. BIRTHPLACE (State or	Certs of fossill	nowr ylar			Accident, suicide, or homicide? Date of injury Where did injury occur?	
17.	. INFORMANT (Address)	Louis R. Mt. Wilso	lehen, N	ierhod	3	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	;) (CE.
18.	BURIAL, CREMATI	ON, OR REMOVAL	ans	to fu	e F, 1933	Menner of Injury	
19.	. UNDERTAKER(Address)	1800ge	1 J	- Hourage	lest	24. Was disease or Injury In any way related to occupation of deceased?	To
20.	FILED TASE. S.	, 193.3	7	100	Megistrar.	(Signed) # Wilson, Md.	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street var	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory chuses of importance	
Gallstones	May 1,1923	Gastroenteritis	1 year
	7,20		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

AUTHORIZATION	OF CHAIGE	OF MI	DDLE	TMT	PIAT	LETTER	FIL	Ed May	9 1.33
						SmithBI			

Correction of former address of deceased authorized by new cer. in authorization file under Dr. Smith July 8, 1933.

Address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory cores of the Cal			
Other contributory causes of importance	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
174			

V. S. No. 1 N. B.—V

County Dalhmare Village or City Charmes Mills, Med. Rose	word State Isaining School War
	111+011-1
Village or City Ontine will nich Ind Na	wood State fraining School War
0 // (II	f death occurred in a hospital or institution, give its NAME instead of street and number)
~ · · · · · · · ·	s/_dds. How long In U.S. if of foraign birth?yrsmosd
(a) Residence: No. // H 2 Clintin St., (Usual place of abode)	Balthunge Ind. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
emale 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
f married, widowad, or divorcad HUSBAND of	22. I HEREBY CERTIFX, That I attanded deceased fro
(or) WIFE of	- June 2 19 33, to June 9 19 33
ATE OF BIRTH (month, day, and year) 8/31/13	I last saw h _ alive on June 9 19.3 3 death is sa
GE Yaars Months Days If LESS than	to have occurred on the date stated above, at & 20 P.m.
19 9 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Self Suffected Wound Date of once
9. Industry or husiness in which	had the the most right life -
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and spent in this	
year) occupation occupation	Other Contributory Causes of importanca:
BIRTHPLACE (city or town) Bultmare, Mc	
(State or country)	Ihranbous (Cavernus)
13. NAME William Smith	Sinus)
14. BIRTHPLACE (city or town)	Name of operation Date of None
2 2 X-4	What tast confirmed diagnosis? Current Was there an autopsy? 2
15. MAIDEN NAME wanne packet	23. If death was due to axtarnal causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Salfaniore, McG	Accident, suicide, or homicide? Alle Accident Date of rejury times 2, 19 3
(State of country)	Whare did injury occur? Kozimood It M. Isuming School (Specify city or town, county and Spile)
(Address) Programmed State Training School	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Baltun on City Date June 12. 1933	Manner of Injury Enceleation Eye Fall Relfinghelig
INDERTAKER TOKE A. WOTAL, Dalling C. (Address) 3000 6 Dalter of Dal	1824. Was disease or injury in any way related to occupation of dacaased?
HEDDEN 9, 1938 Syrislands	(Signed Athrry & Duster M.
Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
77			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	M. D. B. 1268-9	
11	HEALTH DEPARTMENT	CITY OF BALTIMORE U5910
RECORD. Every item of CY. PHYSICIANS should lifted. Exact statement of	2. FULL NAME (a) Residence: No. 6 STO WOODLOG (Usual piace of abode)	Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.) Another death occurred in a hospital or institution, give its NAME instead of street and number.) Another death occurred in a hospital or institution, give its NAME instead of street and number.) Another death occurred in a hospital or institution, give its NAME instead of street and number.) Another death occurred in a hospital or institution, give its NAME instead of street and number.) Another death occurred in a hospital or institution, give its NAME instead of street and number.) Another death occurred in a hospital or institution, give its NAME instead of street and number.) Another death occurred in a hospital or institution, give its NAME instead of street and number.) Another death occurred in a hospital or institution, give its NAME instead of street and number.) Another death occurred in a hospital or institution, give its NAME instead of street and number.) Another death occurred in a hospital or institution, give its NAME instead of street and number.) Another death occurred in a hospital or institution, give its NAME instead of street and number.) Another death occurred in a hospital or institution, give its NAME instead of street and number.)
NT RI ACTEY classifi	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ANE EX/ erly	3. SEX 4. Color or Race 5. Single, Married, Widowed, or Divorced (write the word) 5a. If mnrried, widowed, or divorced	21. DATE OF DEATH (month, day, year) White 7 . 123 22. I HEREBY CERTIFY, That I attended recensed from 1903, to 1903.
PERM e stated be prof	HUSBAND of (or) WIFE of Sept. 1847	Just saw h. alive on July The Death is said
BI PA Pa	6. DATE OF BIRTH (month, day, year)	to have occurred on the date stated above, at 12
FOR IS IS hould it ma	7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	importance were as follows: Date of onset
NG INK—THI Oplied. AGE s terms, so that See instruction	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc 5. Industry or business in which work was done, as siik mill, saw iniil, bank, etc 10. Date deceased last worked at this occupation (month and spent in this	Coronary Insombons 7/5/33 Other contributory causes of importance:
ARGIN VFADI Ily sur plain tant.	12. BIRTHPLACE (city or town) Alerman Paland (State or country)	Acuty Chewa of Lungs 6/7/33
44.00	13. NAME frame	
, WITH I be care DEATH very imp	I S 14 RIRTHPLACE (city or town)	What test confirmed diagnosis? Was there an autopsy? 23. 1f death was due to external causes (violence) fili in also the fol-
	II S I 15 MAIDEN NAME	iowing: Accident, suicide, or homicide?Dnte of injury, 19
SE SHO	16. BIRTHPLACE (city or town)	Where did injury occur?
WRITE PLANL information shoul state CAUSE OF OCCUPATION is	17. INFORMAN Plattie Karry Daughter (Address) 1225 11. 13 20 chway	place
WRITE nforma state C.	18. BURIAL, CREMATION, OF REMOVAL	Manner of injury
N. H. H.	19. UNDERTAKER Steam a Weller (Address) 705-5 3 3 3 3 3 4 3 4 5	24. Was disease or injury in any way related to occupation of deceased?
	20. FILED (efg/3 ? 19. // Malanaum. Registrar.	(Signed) (Address) B 2 Casally (Address) B 2 Casally (Address)

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Example I ' Example II The principal cause of death and related Date of onset The principal cause of death and related Date of onset causes of importance were as follows: causes of importance were as follows: 1 week ago 1915 Attack of epilepsu Arteriosclerosis 1 week ago 1921 Run over by street car Chronic interstitial nephritis 3 days ago July 5, 1927 Peritonitis Cerebral hemorrhage Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis 1 year May 1, 1923 Gallstones

1. PLACE OF DEATH	(95-72)
County Baltimore	Registration Dist, No. 10 3
Village or City Space (IIII) Length of residence In city or town where death occurred 6/yrs, // mos	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Shabach G. S.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State .
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of May 8 - Sparks	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at \$25,19.33; death is said to have occurred on the date stated above, at \$25_m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 17. Total time (years)	Artins Polisons Articlianis Linlaged
12. BIRTHPLACE (city or town) Sparles Manyland (State or country)	Other Contributory Causes of importance: Delatation 9 heart
13. NAME Shadiach & Sparles	
14. BIRTHPLACE (city or town) Sparing and (State or country)	Name of operation
T 15. MAIDEN NAME Swame 5. Stewart	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) Sealer Sealer	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Date June 27 1933	Manner of injury
19. UNDERTAKER (Address)	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED June 26, 1933 Transi Holan	(Signed) N. Husmantin M. D. (Address) Lasks M. D.

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		AGAIGOSE A	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

RGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 15912
1. PLACE OF DEATH	(92-2)
County Dallo	Registration Dist. No. 3
Village or City Jourson	No. / S
	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Thomas Salih St	wensen
(a) Residence: No. //o W Susquekann	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVINICED (write the word)	21. DATE OF DEATH June 285 193 33
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	(Month) (Day) (Year) 2. I HEREBY CERTIFY, That I attended deceased from
May . Devension	June 26h 1933, 10 June 282, 19 83
6. DATE OF BIRTH (month, day, and yeer) March /2//1864	I last saw hem alive on June 582, 1933; deeth is said
7. AGE Yaars Months Deys If LESS than	to have occurred on the date stated above, et 2_ Pm.
69 3 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	Oate otonset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decased lest worked at this occupation wonth and	Muxemal Desillian
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	9 6/22
SAW MILL, BANK, etc.	1-1-7
10. Date decased lest worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) 15 allo Ce.	Other Contributory Canses of Importance: Roberosco
(State or country) 1 man Camb	Chromo Pusocardillis
13. NAME Making fon Stevenson 14. BIRTHPLACE (city or town) Salto Co.	
14. BIRTHPLACE (city or town) Quito Co.	Name of operation none Date of Date of
(Stata or country)	What tast confirmed diagnosis? Was there an autopsy? 200
15. MAIDEN NAME ANNIEL . Justice	23. If daath was due to external causes (VIOLENCE) fill In also tha following:
6 16. BIRTHPLACE (city or town) 200 falls	Accident, suicida, or homicide? Date of Injury, 19
S (State or country)	Where did Injury occur?
17. INFORMANT May May Milwenson (4)	(Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL HILL	Mennar of injury
Place Tongto Min Date Selly - 1-1923	Nature of Injury
19. UNDERTAKE LEWING MANAGE.	24. Was disease or injury in any way ralated to occupation of deceased?
11-111	(Signad) Daniel of Ol. Thos. Durker M. D.
20. FILED July 30 , 19.3.3 M. J. Jully Registrar.	(Address) Torteon, Mil
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
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ADDITIONAL SPA	CE FOI	FURTHER	STATEMENTS	BY	PHYSICIAN
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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH U591	4 1
n nt	(65)	6
County Valleurore	Registration Dist. No. 20	
Village or City Catourulle us	No. St., death occurred in a horpital or institution, give its NAME instead of street and n	W
Length of residence in city or town where death occurred 49 yrsmos	ds. How long in U.S. if of foreign birth?	umber)
2. FULL NAME Samuel to Tur. 10.		OH
(a) Residence: Np. Paralisi	St., Ward.	11
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the wood)	21. DATE OF DEATH	
male Cold OR DIVORCED (write the word)	(Month) (Day)	193.3. (Year)
a. If married, widowed, or divorced HUSBAND of		
(or) WIFE of Hurelton June.	22. I HEREBY CERTIFY, That I ettended d	
DATE OF BIRTH (month, day, and year) Self 17-186.3		, 19 : deeth is se
AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.	
49 8 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of
8. Trade, profession, or particular kind of work done, as SPINNER,		
kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (mgnth and	Janquin - Kofe	1
work wes done, as SILK MILL, SAW MILL, BANK, etc.		
10. Date deceased last worked at this occupation (month end year) 11. Total time (years) spent in this occupation	Susile	
2. BIRTHPLACE (city or town) Catourus le	Other Contributory Causes of importance:	1
(State or country) Mude		(
13. NAME Jahn Lurres.		
14. BIRTHPLACE (city or town)	Name of operation Date of	
(State or country) Mean and	What test confirmed diagnosis? Was there an ea	
15. MAIDEN NAME Rebessa Harris	23. If death was due to external ceuses (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) — tud	Accident, suicide, or homicide?Susceale_Date of Injury_ \$ 1244	
(State or country)	Where did injury occur? has home	
7. INFORMANT Herretto Turnel (Address) Catarrolle min	Specify city or town, county and State Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLA	CE.
B. BURIAL, CREMATION, OR REMONAL	Manner of injury Hans 44	
Place Western Ster Date June 5, 1933	Nature of injury	
9. UNDERTAKER Samual 9 Husland (Address) 5 28 (1) Bidale	24. Was disease or Injury in any way related to occupation of deceased?	no-
0. FILED 6-3, 1933 marsale Blosh	(Signed) Warshall B Wat	M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05915
1. PLACE OF DEATH	(158)
County & alla	Registration Dist. No.
Village or City Rustinstown	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME & lora M. Mhlu)
11-MA: CF	A. WJ
(a) Residence: No. // ? // aw S. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female I fite Single, MARRIED, WIDOWED, OR DIVORCED (The the word)	21. DATE OF DEATH Z (Month) (Day) (Year)
Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Fb // 1886	1937, to 122, 1933 1881 saw h - a alive on 22, 1933; death is said
6. DATE OF BIRTH (month, day, and year)	to have occurred on the date stated above, at 8 m.
47 4 // lday, hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
SAWYER, BOOKKEEPER, etc.	The fall and man of 7 700
work wes done, as SILK MILL, SAW MILL, BANK, etc	Left Leg
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town). Ballo 60	Other Coutributory Causes of Importance:
(State or country)	
13. NAME VILLED WHITE	
(State or country)	Name of operation Date of
15. MAIDEN NAME & MINIA Alleman	Whet test confirmed diegnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) Balto Go	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
E (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Pessie Valmer (Address) Rustinstown Md	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL Place all sants Date June 24 1833	Manner of injury
0780:0	Nature of injury
19. UNDERTAKER Charters from Md	24. Was disease or injury in any way releted to occupation of deceased?
1 72 01 1 6 1	10 months 19 m. Standa
20. FILED Price 19, 1923 Py M. Registrar.	(Address) Passtiso tour

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

iple I	500	Example II	
and related causes:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
JUL 6 15-	1915	Attack of epilepsy	1 week ago
77.7	1921	Run over by street car	1 week ago
BURKAU	July 5,1927	Peritonitis	3 days ago
importance:		Other contributory causes of importance:	
Gallstones		Gastroenteritis	1 year
	and related causes	and related causes 1915 1921 July 5,1927	and related causes The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis importance: Other contributory causes of importance:

ADDITIONAL SI	PACE FOR	FURTHER	STATEMENTS	BY PI	HYSICIAN
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Exact statement of OCCUPA PHYSICIANS should A PERMANENT RECORD. Every item stated EXACTLY. properly classified. See instructions on back of certificate. PLAINLY, WITH UNFADING INK-THIS CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied. TION is very important. -WRITE

FOR BINDING

ARGIN RESERVED

V. S. No. 1 N. B.—V

	S	STATE C	OF MAR	YLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH					(131)
	County Balti	more	~ . ~		Registration Dist. No.
	Village or City		-		No. 36 Overbrook Road St., Waldeath occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in	city or town where	death occurred 4	LI Cyrsmos	ds How long in U.S. If of foreign birth?yrsmosd
2. F	ULL NAME	Mar	garet Am	n Upman	
	(a) Residence: No.	36 Over	brook Ros (Usual place		St., Ward. If nonresident give city or town and State
	PERSONAL AL	ND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
s. sex Fe	- /	or or race hite	OR DIVORCE	RRIED, WIDOWED, ED (write the word) dowed	21. DATE OF DEATH June 29, (198 3 (Year) (Year)
HU	arried, widowed, or div ISBAND of INTE of	Richard	Upman		22. THEREBY CERTIFY. That I attended deceased from 13, 1935 to June 29, 1938
DATE	OF BIRTH (month, d	av and year) M	ay 21, 18	354	Mast saw h. er alive on June 28 19 ; death is sa
. AGE	Years	Months	Oays	If LESS than	to have occurred on the date states above, at 8 P. m.
	79	1	8	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
1	Trade, profession, or kind of work done SAWYER, BOOKKE Industry or business work was done, as SAW MILL, BANK,	a, as SPtNNER, EEPER, etc in which sSILK MILL,	None		Chronic naphritis Duration two years.
3 10	Date deceased last we this occupation (myear)	onth and	spi	time (years) ent in this upation	Cua
	THPLACE (city or town (State or country)	Balti	more Maryl nd		Other Contributory Causes of importance:
13.	NAME	Edward	O'Connor		, , , , , , , , , , , , , , , , , , , ,
13.	BIRTHPLACE (city or (State or country)		Treland		Name of operation
15.	MAIOEN NAME	Unknow	m		23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIOEN NAME Unknown 16. BIRTHPLACE (city or town) (State or country) Unknown					Accident, suicide, or homicide?
17. INFORMANT Mrs. W. H. Upman (Address) 36 Overbrook Rd., Catonsville 18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Cem. Oate July 1 19 33 19. UNDERTAKER (Address) 2003 W. Baltimore St.				tonsville	(Specify or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
					Manner of Injury
			ok		24. Was disease or Injury in any way related to occupation of deceased? \(\sqrt{0} \)
20. FILE	0.0/30	3 110	La	Registrar.	(Signed (Address) 1223 St. Paul St.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	
			1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAMS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD, Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. ARGIN RESERVED

V. S. No. 1

25,20

County Dalfo Village Dr City Jelegari L. No. Length of residence in city or town where death occurred. 50 yr. Length of residence in city or town where death occurred. 50 yr. A Row long in U.S. It of foreign birth St. Ward. PERSONAL AND STATISTICAL PARTICULARS S. SIKULE MARKE OF DEATH S. SIKULE MARKE OF DEATH J. L. J. S. L. A COLOR OR RACE S. SIKULE MARKED. WIDOVED. G. DATE OF DEATH J. J. J. S. L. A COLOR OR RACE S. SIKULE MARKED. WIDOVED. G. DATE OF BIRTH (month, day, end year) May J. J. J. Tade, profession, or perficults Red do end done, es SPINNED. SAW MILL, BARK, etc. J. L. J. Trade, profession, or perficults Red do end done, es SPINNED. SAW MILL, SAW, etc. J. L. J. Trade, profession, or perficults Red do end done, es SPINNED. SAW MILL, SAK, etc. J. J. RIKHPLACE (city or town). Ballo G. J. HEREBY CERTIFY. The II attended decessed from the end as selected above, at. 7 Q., The PRINCIPLAL CAUSE OF DEATH end related causes of importance were as follows: District or country) District or country. District or country J. J. NAME J. J. NAME J. J. J. SAM MILL, SAK, etc. J. J. SIRTHPLACE (city or town). J. J. HAMPE J. J. J. Andrew J. J. J. J. SAM MILL, SAK, etc. J. J. J. SAM MILL, SAK, etc. J. J. SIRTHPLACE (city or town). J. J. HAMPE J. J	5 I A I E OF MARYLAND—	CERTIFICATE OF DEATH #3917
Village or City. Interval 1 Length of residence in city or town where death occurred .5 .9 .975	DH-	Decistration Diet No. 3.7
Length of residence in city or town where death occurred. 3 d. ys	100 m	
(a) Residence: No. / 6 Malfel (Usualplace of bloods) PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE S. SINCLE MARRIED, WIDOWED, OR BUVORED (with phe word) J. Humaried, widowed, or divorced only by the state of the state		ND. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. 1.6 Dalkou (Unai) place of abode: (Weat)	Length of residence In city or town where death occurred 50 yrsmos	s ds. How long in U.S. if of foreign birth?yrsmosds
Clear place of abode PERSONAL AND STATISTICAL PARTICULARS S. SINGLE, MARRIED, WIDOWED, OR BLYVORGED (wire the word) Male	2. FULL NAME Honry M. It stis	
Clear place of abode PERSONAL AND STATISTICAL PARTICULARS S. SINGLE, MARRIED, WIDOWED, OR BLYVORGED (wire the word) Male	(a) Residence: No. 16 Malbal are	St Ward
3. SEX 4. COLOR OR RACE OR DIVORCED Country Words) Multiple of Harma 3. If married, widowed, or divorced words of the property of the prope		
Mall That Surviced (Month) (193) (Yest) 5a. It married widowed, or divorced (Yest) Harma Walls 5. DATE OF BIRTH (month, day, end year) May 858 6. DATE OF BIRTH (month, day, end year) May 858 7. AGE Years Months Days If LESS than 1 day, hrs. hrs. hrs. or min. hrs. Saw Harman District (Saw h. p. 1943) (death is sit to have occurred on the date steted above, at. 7. a. m. 7. AGE Years Months Days If LESS than 1 day, hrs. hrs. hrs. hrs. hrs. hrs. hrs. hrs.		MEDICAL CERTIFICATE OF DEATH
HUSBAND of Cord Wife of Hamma Italian	M OR DIVORGED (write the word)	June 21. 193 3
S. DATE OF BIRTH (month, day, end year) May 858 T. AGE Yeers Months Days If LESS than 1 day have occurred on the date steted above, at 7 a.m. The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows: The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows: The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows: The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows: The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows: The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows: The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows: The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows: The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows: The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows: The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows: The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows: The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows: The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows: The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows: The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows: The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows: The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows: The PRINCIPAL CAUSE OF DEATH end related causes of importance: The PRINCIPAL CAUSE OF DEATH end related causes of importance: The PRINCIPAL CAUSE OF DEATH end related causes of importance: The PRINCIPAL CAUSE OF DEATH end related causes of importance: The PRINCIPAL CAUSE OF DEATH end related causes of importance: The PRINCIPAL CAUSE OF DEATH end related causes of importance: The PRINCIPAL CAUSE OF DEATH end related causes of importance: The PRINCIPA	HUSBAND of MI	
S. DATE OF BIRTH (month, day, end year) May 858 7. AGE Yeers Months Days If LESS than I day	(or) WIFE of Harma Walls	
1. AGE Yeers Months Days II LESS than 1 day. hts. or. min. 1. 8. Trade, profession, or perticular kind of work done, es SPINKER, SAWYER, BODKKEFER, etc. 1. Industry or business in which work was done, es SILK MILL SAW MILL, BANK, etc. 1. Industry or business in which work was done, es SILK MILL SAW MILL, BANK, etc. 1. Industry or business in which work was done, es SILK MILL SAW MILL, BANK, etc. 1. Industry or business in which work was done, es SILK MILL SAW MILL, BANK, etc. 1. Industry or business in which work was done, es SILK MILL SAW MILL, BANK, etc. 1. SAW MILL, BANK, etc. 1. Industry or business in which work was done, es SILK MILL SAW MILL, BANK, etc. 1. SAW MILL, BANK, etc. 1. SAW MILL, BANK, etc. 1. A BIRTHPLACE (city or town). (State or country) 1. SAMAE 1. A BIRTHPLACE (city or town). (State or country) 1. S. MAIDEN NAME 1. Mangant 1. A BURTHPLACE (city or town). (State or country) 1. MADEN MAME 1. Mangant 1. Mangant 1. Mangant 1. Mangant 2. Mangant 2. Mangant 2. Mangant 3. If death was due to external ceuses (VIDLENCE) fill in elso the following: Accident, suicide, or homicide?. Accident, suicide, or homicide?. 2. Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE Manner of injury. Neture of injury. Neture of injury Neture of injury Neture of injury. 1. Where did injury was related to occupation of deceased? Manner of injury. Neture of injury. 1. Where of injury is any way related to occupation of deceased? Manner of injury. 1. Manner of injury is any way related to occupation of deceased? Manner of injury is any way related to occupation of deceased? Manner of injury. 1. Mangant of injury is any way related to occupation of deceased? Manner of injury. 2. Was disease or injury in any way related to occupation of deceased? Manner of injury. 2. Was disease or injury in any way related to occupation of deceased? Manner of injury. 2. Was disease or injury in any way related to occupation of deceased? Manner of injury.	DATE OF RIPTH (month day and year) May 1 1858	0
1 day, hrs. or min. 1 strade, profession, or perticular were as follows: and the following: as follows: a follow were as follows: were as follows: a		0
8. Trade, profession, or perticular kind of work done, es SPINNER, SAWER, BORKEPER, etc. 9. Industry or business in which work was done, es SILK MILL fam. 10. Date deceased last worked et this occupation of business of importance: 11. Totel time (years) spant in this occupation 12. BIRTHPLACE (city or town). 13. NAME 14. BIRTHPLACE (city or town). 15. MAIDEN NAME 16. BIRTHPLACE (city or town). 17. INFORMANT 18. BURIAL CECUMATION, OR REMPANAL Plece ALL SALES SOLE (Address) Phalms and place of the provided in the properties of the provided in		The PRINCIPAL CAUSE OF DEATH end related causes of importence
Dither Contributory Canses of importance: Dither Contributory Detering Contributory Was there en eulopsy? Accident, suicide, or homicide? Date of injury Canses of importance: Detering Contributory Detering Contributory Where did injury occur? Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Manner of injury Neture of injury Neture of injury Neture of injury Neture of injury in any way related to occupation of deceased? Detering Contributory Detering Contributory Accident, suicide, or homicide? Specify whether injury occurr? Specify whether injury occurr? Specify whether injur	8 Trade profession or particular	
Dither Contributory Canses of importance: Dither Contributory Detering Contributory Was there en eulopsy? Accident, suicide, or homicide? Date of injury Canses of importance: Detering Contributory Detering Contributory Where did injury occur? Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Manner of injury Neture of injury Neture of injury Neture of injury Neture of injury in any way related to occupation of deceased? Detering Contributory Detering Contributory Accident, suicide, or homicide? Specify whether injury occurr? Specify whether injury occurr? Specify whether injur	SAWYER, BDOKKEEPER, etc.	ajo
Dither Contributory Canses of importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR BEMOYAL Pleced Much Mangaret 19. UNDERTAKER (Address) 19. UNDERTAK	3. Industry or business in which work was done, es SILK MILL. Imp. Mason	
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13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Plece Mush (Mush Share) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. Author 10. Author 11. BIRTHPLACE (city or town) 12. If death was due to external ceuses (VIDLENCE) fill in eiso the following: Accident, suicide, or homicide? Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Manner of injury Neture of injury Neture of injury 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. State or country) 10. Where did injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. 10. Was disease or injury in any way related to occupation of deceesed? 10. Was disease or injury in any way related to occupation of deceesed? 10. Signed)	Spall I II (412	
(State or country) 13. NAME 14. BIRTHPLACE (city or town) Ballo 60 (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) Ballo 60 (State or country) 17. INFORMANT (Address) 18 Dalahov and Physicarials 18. BURIAL, CREMATION, OR REMOVAL Plece Much Mag. Date June 23, 1933 19. UNDERTAKER (Address) June Much Mag. Date June 23, 1933 19. UNDERTAKER (Address) June Much Mag. Date June 23, 1933 19. UNDERTAKER (State or country) Manner of Injury Neture of injury 24. Was disease or injury in any way related to occupation of decessed? Dec. (Signed)	Batto Co	Other Contributory Canses of importance:
13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME Mangart 16. BIRTHPLACE (city or town) (State or country) 7. INFORMANT (Address) (A		Cardia Rusublacias Gray
Whet test confirmed diagnosis? Was there en eulopsy? 15. MAIDEN NAME Margart Sardrur 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT CAUTANT D. Specify city or town, county and State) 18. BURIAL, CREMATION, OR REMOVAL Plece Much Margart Date Simular (Address) Policy Date Simular (Addres	13. NAME Edward Watto	
Whet test confirmed diagnosis? Was there en eulopsy? 15. MAIDEN NAME Margart Sardrur 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT CAUTANT D. Specify city or town, county and State) 18. BURIAL, CREMATION, OR REMOVAL Plece Much Margart Date Simular (Address) Policy Date Simular (Addres	14 BIRTHPLACE (city or town) Balls Go	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18 Dt alky (ive Pikisville 18. BURIAL, CREMATION, OR REMOVAL Plece Third State (Address) 18 Diving Date 1 Main 23, 19 33 Manner of injury Neture of injury Neture of injury 19. UNDERTAKER (Address) 18 Diving Manner of injury Neture of injury 19. UNDERTAKER (Address) 18 Diving Manner of injury Neture of injury Neture of injury Neture of injury 19. UNDERTAKER (Address) 18 Diving Manner of injury Neture of injury Neture of injury 19. UNDERTAKER (Address) 18 Diving Manner of injury Neture of injury in any way related to occupation of deceased? It is o, specify (Signed) 18 Diving Manner of Mann	(State or country)	St. sada.
Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE. (Address) 18 Malhu and Pikiariela 8. BURIAL, CREMATION, OR BEMPYAL Plece Much Midge. Date from 23, 1933 Neture of injury 9. UNDERTAKER 5 E from 5 Soms (Address) Mustuation Md If so, specify (Signed) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE. Nanner of Injury 24. Was disease or injury in any way related to occupation of deceased? It is o, specify (Signed) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE. (Address) 18 Malhu and Piking 19 Specify occurred in INDUSTRY, In HDME, or in PUBLIC PLACE. (Address) 18 Malhu and Piking 19 Specify occurred in INDUSTRY, In HDME, or in PUBLIC PLACE. (Address) 18 Malhu and Piking 19 Specify occurred in INDUSTRY, In HDME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE. (Address) 18 Malhu and Piking 19 Specify occurred in INDUSTRY, In HDME, or in PUBLIC PLACE. (Address) 18 Malhu and Piking 19 Specify occurred in INDUSTRY, In HDME, or in PUBLIC PLACE. (Address) 18 Malhu and Piking 19 Specify occurred in INDUSTRY, In HDME, or in PUBLIC PLACE. (Address) 18 Malhu and Piking 19 Specify occurred in INDUSTRY, In HDME, or in PUBLIC PLACE. (Address) 18 Malhu and Piking 19 Specify occurred in INDUSTRY, In HDME, or in PUBLIC PLACE. (Address) 18 Malhu and Piking 19 Specify occurred in INDUSTRY, In HDME, or in PUBLIC PLACE. (Address) 18 Malhu and Piking 19 Specify occurred in INDUSTRY, In HDME, or in PUBLIC PLACE. (Address) 18 Malhu and Piking 19 Specify occurred in INDUSTRY, In HDME, or in PUBLIC PLACE. (Address) 18 Malhu and Piking 19 Specify occurred in INDUSTRY, In HDME, or in PUB	15. MAIDEN NAME Margaret Sardner	
Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE. (Address) 18 Halhu and Pikisrielle 18. BURIAL, CREMATION, OR REMOVAL Plece And Manner of Injury Neture of injury 19. UNDERTAKER (Address) 18 Halhu and Manner of Injury Neture of injury 24. Was disease or injury in any way related to occupation of deceased? It is o, specify (Signed) 18 Manner of Manner of Manner of Injury 25. UNDERTAKER (Signed) 18 Manner of Manner of Manner of Manner of Manner of Injury Neture of Injury (Signed) 18 Manner of Manner	16. BIRTHPLACE (city or town) Lemme.	
17. INFORMANT CALLAGE AND ALL Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL Plece Much King Date June 23, 19,33 Neture of injury 19. UNDERTAKER Series Series (Address) Dustinstorm Md If so, specify (Signed) Whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.	(State or country)	Where did injury occur?
Plece Suit Ridge Date June 23, 1933 Neture of injury 19. UNDERTAKER J. Eline S. Sons (Address) Sustinstorm M. d. If so, specify (Signed) TRunch suite (Signed)		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
19. UNDERTAKER 5 6 fine \$ 1600 (Address) Dustinstorm Md 1f so, specify 1600 (Signed) 1600 1600 (Signed)	18. BURIAL, CREMATION, OR BEMOVAL	Manner of injury
(Address) pustustom Md If so, specify I Run well	Plece Druck Kidge Date June 23, 19,33	Neture of injury
9. 45 22 No My 90 (Signed) I Knish will		
10 FUEDALUE DA 1933 DAY VV. / Vorno (Signed)	(Address)//www.sussessessessessessessessessessessessess	7 -1
Registrar. (Address) - Gladen Ush	20. FILEDALINE & 2, 19.3.3 De N. I. T. Hoge. Registrar.	Co

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:			
	1 1000	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

05918

STATE OF MARKIETHE	OLIVINI TORTE OF BLIVINI
1. PLACE OF DEATH A .	940)
County Dallamore	Registration Dist. No.
Village or City A Jarrows Comt Mid	No. 406 East E. St. Ward
(1)	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 27_yrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Derry B. Villen	72
(a) Residence: No. 406 6 st	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, ORDIYORCED (write the word)	21. DATE OF DEATH June 14 - 193 3
mare White Madowed	(Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY That I attended deceased from
(or) HIEE of Sae he Willings	Afril 1982 10 Jame 8. 1933
6. DATE OF BIRTH (month, day, and yeer) Jan 18 1862	I last sow h Im alive on June 5/ 1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
5/ 4 28 1dey,hrs.	The PRINCIPAL GAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	Chromo Myrendilio Date ol onest
6 kind of work done, as SPINNER, Telured	and Hypertension
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this security is security in this security in this security in this security is security in this security in this security in this security in this security is security in thi	
SAW MILL, BANK, etc	
O Date deceased last worked at this occupetion (month and spent in this	
year) occupation occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	Comma Pictoria Mars
(State or country)	193
13. NAME George Wellings	
13. NAME George Hellings 14. BIRTHPLACE (city or town)	Name of operation Anna Date of
14. BIRTHPLACE (city or town) (Stete or country)	What test confirmed diagnosis Physical Exam. Was there an autopsy?
15. MAIDEN NAME Lessen	23. If death was due to externel causes (VIOLENCE) fill in also the following:
1	Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) (Stete or country)	
4,000.000	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT & Earl W Wellings (Address) 917 F st.	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Wash four Date Kine 1,1933	Nature of injury
10 Hoperson	24. Was disease or injury in eny way related to occupation of deceased? 200
19. UNDERTAKER (Address) 7/5 L Cht. St	If so, specify
Visit 1/10/11/21/11/11/11/11/11/11/11/11/11/11/11/	(Signed) Dawom d. Harber M.
20. FILED WILL D., 19/7-17/17/10220 Registrar.	(Address) A Aarrows Com My
If more blanks are needed, address State Registrar	2422 N Charles Street Baltimore Refuseting 7) S No. 7

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
La L			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(W	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	ate	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
111	f in	ld st	CUE	
	em o	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	f 00	
	ry it	NS	nt o	,
	Eve	CIA	teme	/
	ORD.	IXSI	sta	/
0	RECC	PF	Yaet	
	IL	LY.	. H	
ING	NE	CI	sified	
GNI	RMA	XA	class	
% B	PE	d E	erly	cate
ARGIN RESERVED FOR BINDING	IS A	state	prop	TION is very important. See instructions on back of certificate.
ED	HIS	pe	be	of c
RVI	H	plno	may	back
ESE	INK	E sh	it it	no
R	ING	AG	e tha	tions
GIN	FAD	ied.	ns, s	struc
AR	ND	Iddu	tern	e ins
-	TH	lly s	lain	Se
	, W	refu	l in l	tant.
	NLY	oe ca	ATE	mpor
•	LAI	nld	DE	ery in
T)	E F	sho	E OI	is ve
	VRI	ation	AUS	NO.
V. S. No. 1	B.—	H	Ü	E
> 52	z			

STATE OF MARYLAND—	CERTIFICATE OF DEATH U5919
1. PLACE OF DEATH	(46)
/ County Baltimare	Registration Dist. No. 3
Village or City Redormed	ND. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
	now long in U.S. It of foreign birth?yrsmosds.
2. FULL NAME howers L. Wher	/
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED (write the word)	21. DATE OF DEATH
male while married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY That i attended deceased from
(or) WIFE of Sedna S. New	May 1
6 DATE OF RIRTH (month day and year) CAGUAT 14 186/	
6. DATE OF BIRTH (month, day, and year) (Liquid 17) 7. AGE Years Months Days If LESS than	i last saw h. (24 alive on
1 day hre	The PRINCIPAL CAUSE OF DEATH and related causes of importance
6 10 14 ormin,	were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, Tranc Prefacel SAWYER, BOOKKEPER, etc.	Carcinon of
9. Industry or business in which PRR.	a division
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at	
this occupation (month and year) spent in this 42	
12 DIDTUDI ACT (situations) Wale its Hall	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town).	
1 13. NAME HENRY Wica	
	70
(State or country)	Name of operation. Two Date of
	What test confirmed diagnosis?
15. MAIDEN NAME Ullanda Durus	23. If death was dua to external causas (VIOL ENCE) fill in also tha following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicida? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Dirigia Caller	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Suthervelle Mel	
18. BURIAL, CREMATION, DR REMOVAL Place Prospect villate Jaly 1, 19.33	Manner of injury
Place 1 Northern Date Jaka 1, 19.3.3	Natura of injury
19. UNDERTAKER John Burns	24. Was disease or injury in any way related to occupation of daceased? No-
(Address) (Towson, Such	If so, specify
20. FILED June 30 1933 Mu P Queller	(Signed) M. D.
(U. FILEU - MARKET - 11. (/ 19. 7 .) / / / ////////////////	N

(Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
W. W. W. W. W.)			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH U5920
1. PLACE OF DEATH	9-0
County (2 alb)	Registration Dist. No. 46
Village or City Glewarm Hed!	ND. St. Ward
(If Length of residence in citing or town where deeth occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Naume E. Yell	ds. How long In U.S. if of foreign birth?yrsmos,ds.
(a) Residence: ND.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX. 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH
Jefmade blite OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Year)
5e. If married, widowed, a discreted flushand of George the Gellott	22. I HEREBY CERTIFY, That I attended deceased from 19 3 3 to 19 3 3
6. DATE OF BIRTH (month, day, end year) July 27	4
7. AGE Years Days If LESS than	to heve occurred on the date stated above, as the date stated above as the date stated above.
0 7 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importence
8. Trede, profession, or particular kind of work done, es SPINNER by Low	were es follows: Out Endreadurs Date of onset
Kind of work done, es SPINNERS IN SAWYER, BDDKKEEPER, etc. SAWYER, BDDKKEEPER, etc. SAWWER, BDDKKEEPER, etc. SAWMILL, BANK, etc. D. Date deceesed lest worked et 11. Totel time (eyers)	
10. Date deceesed lest worked et this occupation (month end year) 11. Totel time (yeers) spent in this occupation	
12. BIRTHPLACE (city or town) (Stete or country)	Other Contributory Causes of importence:
13. NAME Herry Gillings	
13. NAME 14. BIRTHPLACE (city or town) (Stete or country)	Name of operation Date of
	What test confirmed diagnosis? Was there en eulopsy?
15. MAIDEN NAME Legalte mory 16. BIRTHPLACE (city or town) (State or country)	23. If deeth was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
17. INFORMANT Dulaney yellots (Address) Glandbur Suda	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR BEMDVAL Plece Inity our fargue Dete June 13, 19 33	Menner of injury
19. UNDERTAKER Clarence E Cutture (Address)	24. Wes diseese or injury in any wey related to occupation of deceased?
20, FILED 6/12, 183 / Walley Durama	(Address) tursvelle hu

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		(agaises)	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ARGIN RESERVED

1. PLACE OF DEATH	(83)
County Ballimore	Registration Dist. No.
2. FULL NAME Herman Links	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Male 4. COLOR OR RACE OR DAYORCED (write the word) 5a. It married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
	, 19, to, 19
6. DATE OF BIRTH (month, day, and year) Warch 18 - 1918 7. AGE Years Months Days If LESS than 1 day, hrs. or min.	I last saw h
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) year) 11. Total time (years) spant in this occupation occupation	Accidental drowning
12. BIRTHPLACE (city or town). Ballimore Md (State or country)	Other Centributery Causes ot importance:
13. NAME Herman Jink Tr. 14. BIRTHPLACE (city or town) Ballimore Wid	Name of operation
15. MAIDEN NAME Mary Quinn 16. BIRTHPLACE (city or town) Balfinore Md 17. INFORMANT Languard Jink (Address) 3239 Ravennood ave	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place of Conference of June 10.1933	Manner of injury
19. UNDERTAKER & line W. Confelin. (Address) 924 English	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed Jacole Wallman Coroner M. I
20. FILED June 7 , 1953 John D. Commilly Regigner.	Address) Slemmers Pun Md.

STATE OF MARYLAND-CERTIFICATE OF DEATH

115001

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